

<i>SERFF Tracking Number:</i>	<i>SEFL-126291862</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43447</i>
<i>Company Tracking Number:</i>	<i>CANCER+</i>		
<i>TOI:</i>	<i>H07I Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07I.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CANCER+</i>		
<i>Project Name/Number:</i>	<i>CANCER+/CANCER+</i>		

Filing at a Glance

Company: Assurity Life Insurance Company		
Product Name: CANCER+	SERFF Tr Num: SEFL-126291862	State: Arkansas
TOI: H07I Individual Health - Specified Disease - Limited Benefit	SERFF Status: Closed-Approved- Closed	State Tr Num: 43447
Sub-TOI: H07I.002A Dread Disease - Cancer Only	Co Tr Num: CANCER+	State Status: Approved-Closed
Filing Type: Form/Rate	Author: Kristi Hendrickson	Reviewer(s): Rosalind Minor
	Date Submitted: 09/04/2009	Disposition Date: 09/30/2009
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: CANCER+	Status of Filing in Domicile: Authorized
Project Number: CANCER+	Date Approved in Domicile: 08/31/2009
Requested Filing Mode: Review & Approval	Domicile Status Comments: Approved
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 09/30/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/30/2009
Deemer Date:	Created By: Kristi Hendrickson
Submitted By: Kristi Hendrickson	Corresponding Filing Tracking Number:
Filing Description:	
Form Numbers Form Title	

W C240 (AR) Cancer Expense Policy
 OC-W C240 (AR) Outline of Coverage
 R WC241 Intensive Care Unit Benefit Rider
 R WC242 Cancer First Occurrence Benefit Rider
 R WC243 Specified Disease Benefit Rider

SERFF Tracking Number: SEFL-126291862 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 43447
Company Tracking Number: CANCER+
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: CANCER+
Project Name/Number: CANCER+/CANCER+

47-405-05053 Cancer Expense Application Section
47-401-05053 (R09-09) Insured's/Agent Agreement

Assurity Life Insurance Company submits the above captioned forms and associated rates for review and approval.

The above forms have not been previously submitted. Once approved, they will replace the following forms:

Form Number	Form Title	Approval Date
AAW-C120 AR	Cancer/Specified Disease Policy	03/29/2002
AAW-C120 OC AR	Outline of Coverage	03/29/2002
AAW-CR262	Cancer Only Intensive Care Unit Rider	03/29/2002
AAW-CR263	Internal Cancer First Occurrence Benefit Rider	03/29/2002
AAW-CR261 AR	Family Rider	03/29/2002
AAW-APP-CA (4/01)	Cancer Section	03/29/2002

Form W C240 (AR) provides benefits associated with cancer treatments. The policy is guaranteed renewable for life with issue ages of 18 – 69.

Form OC-W C240 (AR) is the corresponding outline of coverage for policy form W C240.

Form R WC241 provides a daily benefit of \$300 or \$600 if confined to an intensive care unit.

Form R WC242 provides a benefit of \$2,500 or \$5,000 upon first diagnosis of internal cancer.

Form R WC243 provides \$150 daily benefit, up to 75 days, if confined to a hospital for one of the specified diseases listed in the rider. After 75 days, the benefit increases to \$600. This rider also pays up \$500 per year for prescribed drugs received out of the hospital for treatment of a covered disease.

Form 47-405-05053 is the plan selection page for policy form W C240 (AR) and form 47-401-05053 (R09-09) the Insured's/agents Agreement page of the application which contains the Primary Proposed Insured's Agreement, the Agent's Statement and agreement, as well as any required fraud statement. Both the applicant and the agent must sign this page. The pages will be utilized with application forms 47-400-05053, which was approved by your office on September 14, 2006 and 47-408-05053 which was approved by your office on December 29, 2006

Marketing: These forms will be marketed to individuals at the worksite, using payroll deduction for premiums.

SERFF Tracking Number: SEFL-126291862 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 43447

Company Tracking Number: CANCER+

TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit

Product Name: CANCER+

Project Name/Number: CANCER+/CANCER+

For Informational Purposes: Form 47-400-05053 is the General Section portion of the application. It is utilized to record the applicant's personal information (name, address, date of birth, etc.). Form 47-408-05053 is a supplemental page to the application that will be utilized to exclude or remove certain coverages for named proposed insureds.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
1526 K Street 402-437-3452 [Phone]
Lincoln, NE 68508 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
1526 K Street Group Code: -99 Company Type: Life/Health
P.O. Box 82533 Group Name: State ID Number:
Lincoln, NE 68501-2533 FEIN Number: 38-1843471
(800) 276-7619 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: 50 for forms and 50 for rate
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$100.00	09/04/2009	30359864

SERFF Tracking Number:	SEFL-126291862	State:	Arkansas
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Company Tracking Number:	CANCER+		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	CANCER+		
Project Name/Number:	CANCER+/CANCER+		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/30/2009	09/30/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/23/2009	09/23/2009	Kristi Hendrickson	09/30/2009	09/30/2009

<i>SERFF Tracking Number:</i>	<i>SEFL-126291862</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>CANCER+</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CANCER+</i>		
<i>Project Name/Number:</i>	<i>CANCER+/CANCER+</i>		

Disposition

Disposition Date: 09/30/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SEFL-126291862 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 43447

Company Tracking Number: CANCER+

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CANCER+

Project Name/Number: CANCER+/CANCER+

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Sample of Application	Approved-Closed	Yes
Form (revised)	Cancer Expense Policy	Approved-Closed	Yes
Form	Cancer Expense Policy	Replaced	Yes
Form (revised)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Intensive Care Unit Benefit Rider	Approved-Closed	Yes
Form	Cancer First Occurrence Benefit Rider	Approved-Closed	Yes
Form	Specified Disease Benefit Rider	Approved-Closed	Yes
Form	Cancer Expense Application Section	Approved-Closed	Yes
Form	Insured's/Agents Agreement	Approved-Closed	Yes

SERFF Tracking Number: SEFL-126291862 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 43447
Company Tracking Number: CANCER+
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: CANCER+
Project Name/Number: CANCER+/CANCER+

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/23/2009
Submitted Date 09/23/2009
Respond By Date
Dear Kristi Hendrickson,
This will acknowledge receipt of the captioned filing.

Objection 1

- Cancer Expense Policy, W C240 (AR) (Form)
- Outline of Coverage, OC-W C240 (AR) (Form)

Comment: The policy contains an exclusion for any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment. This exclusion is not in compliance with Rule 18, APPENDIX 1 A(3) which states...."Notwithstanding any other provision of this rule, specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other conditions(s) or disease(s), directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).

Objection 2

- Cancer Expense Application Section, 47-405-05053 (Form)

Comment:

Is this the complete application? The application does not identify the insurance company. Also, will the insured's/agents agreement always be used with the application? If not, this application must contain a Fraud Statement.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/30/2009
Submitted Date 09/30/2009

SERFF Tracking Number: SEFL-126291862 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 43447

Company Tracking Number: CANCER+

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CANCER+

Project Name/Number: CANCER+/CANCER+

Dear Rosalind Minor,

Comments:

Thank you for your correspondence.

Response 1

Comments: The exclusion has been removed from the policy.

Related Objection 1

Applies To:

- Cancer Expense Policy, W C240 (AR) (Form)
- Outline of Coverage, OC-W C240 (AR) (Form)

Comment:

The policy contains an exclusion for any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment. This exclusion is not in compliance with Rule 18, APPENDIX 1 A(3) which states...."Notwithstanding any other provision of this rule, specified disease policies shall provide benefits to any covered person not only for the specified disease(s) but also for any other conditions(s) or disease(s), directly caused or aggravated by the specified disease(s) or the treatment of the specified disease(s).

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Cancer Expense Policy (AR)	W C240		Policy/Contract/Fraternal Certificate	Initial		50.200	AR W C240 Policy.pdf
Previous Version							
Cancer Expense Policy (AR)	W C240		Policy/Contract/Fraternal Certificate	Initial		50.200	AR W C240 Policy.pdf
Outline of Coverage	OC-W		Outline of Coverage	Initial		50.300	AR OC-W

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<i>Company Tracking Number:</i>	<i>CANCER+</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CANCER+</i>		
<i>Project Name/Number:</i>	<i>CANCER+/CANCER+</i>		
	C240 (AR)		C240.pdf

Previous Version

<i>Outline of Coverage</i>	<i>OC-W</i>	<i>Outline of Coverage</i>	<i>Initial</i>	<i>50.300</i>	<i>AR OC-W</i>
	C240 (AR)				C240.pdf

No Rate/Rule Schedule items changed.

Response 2

Comments: This is one section of the complete application. On the filing description I explain the application. However for clarity I have attached a sample of the whole application to the supporting documentation tab.

Related Objection 1

Applies To:

- Cancer Expense Application Section, 47-405-05053 (Form)

Comment:

Is this the complete application? The application does not identify the insurance company. Also, will the insured's/agents agreement always be used with the application? If not, this application must contain a Fraud Statement.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Sample of Application

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration.

Sincerely,

Kristi Hendrickson

SERFF Tracking Number: SEFL-126291862 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 43447

Company Tracking Number: CANCER+

TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only

Product Name: CANCER+

Project Name/Number: CANCER+/CANCER+

Form Schedule

Lead Form Number: W C240 (AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 09/30/2009	W C240 (AR)	Policy/Cont ract/Fratern al Certificate	Cancer Expense	Initial		50.200	AR W C240 Policy.pdf
Approved-Closed 09/30/2009	OC-W C240 (AR)	Outline of Coverage	Outline of Coverage	Initial		50.300	AR OC-W C240.pdf
Approved-Closed 09/30/2009	R WC241	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Intensive Care Unit	Initial		50.100	R WC241 ICU.pdf
Approved-Closed 09/30/2009	R WC242	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Cancer First Occurrence Benefit Rider	Initial		61.000	R WC242 1st_Occur.pdf
Approved-Closed 09/30/2009	R WC243	Policy/Cont ract/Fratern al Certificate: Amendmen	Specified Disease Benefit Rider	Initial		52.200	R WC243 Spec Disease.pdf

<i>SERFF Tracking Number:</i>	<i>SEFL-126291862</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43447</i>
<i>Company Tracking Number:</i>	<i>CANCER+</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CANCER+</i>		
<i>Project Name/Number:</i>	<i>CANCER+/CANCER+</i>		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		
Approved- 47-405- Closed 05053 09/30/2009	Application/ Cancer Expense Enrollment Application Section Form	Initial	53.200 47-405-05053 AL.pdf
Approved- 47-401- Closed 05053 09/30/2009 (R09-09)	Application/ Insured's/Agents Enrollment Agreement Form	Revised	Replaced Form #: 52.000 47-401- 47-401-05053 Previous Filing #: 47-401- 05053.pdf



This is a legal contract between You (the primary Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and first premium. We agree to pay this policy's benefits to You if an Insured Person incurs expenses covered by this policy while it is in force and after this policy's provisions have been met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the rider.

RENEWAL

This policy is guaranteed renewable for life. That means as long as You pay premiums when due, We cannot cancel or change this policy. We can, however, change the premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all policies in Your class. You will be given 31 days notice by mail prior to any premium change.

RIGHT TO CANCEL

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as You deliver or mail this policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy. After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled as of the end of the period for which premiums have been paid at the time Your written notice is received by Us unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to the termination of this policy.

Assurity Life Insurance Company has signed this policy on the Issue Date.

[President's Signature]
President

[Secretary's Signature]
Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

CANCER EXPENSE POLICY

**Guaranteed Renewable for Life
Company may change premium rates**

CAUTION: This is a limited policy. Read it carefully with the outline of coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Representative Name:
Address:
Telephone:

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POLICY SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
W C240 (AR)	Cancer Expense Policy	\$[472.78]
R WC241	Intensive Care Unit Benefit Rider	\$[91.33]
R WC242	Cancer First Occurrence Benefit Rider	\$[40.50]
R WC243	Specified Disease Benefit Rider	\$[8.43]

Insured Person(s)
[John Doe] (primary)
[Jane Doe]
[Jamie Doe]
[Jason Doe]
[Jenny Doe]
[Jake Doe]
[Jackie Doe]
[Jerome Doe]
[Jackson Doe]

Issue Age(s)
[45]
[43]
[14]
[12]
[10]
[8]
[6]
[4]
[2]

Policy Number: [1234567890]
Issue Date: [August 11, 2009]
Modal Premium: \$[51.09]
Premium Period: [1 month]

DEFINITIONS

Adult Companion means anyone 18 years of age or older.

Calendar Month means the period of time that begins on the first day of each month and ends on the last day of the same month.

Calendar Year means the period of time that begins on January 1 and ends on December 31 of the same year.

Cancer means a disease which is manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, malignant tumor or melanoma which is a tumor arising from the melanocytic system of the skin and other organs. It does not include non-melanoma skin Cancer or other conditions which may be considered precancerous or premalignant potential, such as leukoplakia, carcinoid, hyperplasia, polycythemia, moles, or similar diseases or lesions. However, this policy does provide limited screening and surgical benefits for non-melanoma skin Cancer.

Chemotherapy means U.S. Food and Drug Administration (FDA) approved cytotoxic chemical substances used for the destruction of cancerous tissue. Chemotherapy does not include Supportive and Protective Care Drugs.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined/Confinement means the assignment to a bed as a resident inpatient in a Hospital or an observation unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Dependent Child(ren) means any natural child, step-child, legally adopted child or child placed into Your custody for adoption who: (a) is unmarried; (b) is living with You in a regular parent child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) is younger than age 25.

Employee means the person named in the Policy Schedule as the primary Insured Person. An Employee must work for pay at least 30 hours per week.

Foster Child means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

Hormone Therapy means U.S. Food and Drug Administration (FDA) approved chemical substances which are used for Cancer treatment to:

- modify, alter or destroy cells that regulate hormone functions in the body;
- prevent cell division and growth of hormone dependent tumors; or
- neutralize and/or inhibit the production of the body's natural hormones which are used by hormone dependent tumors.

Hormone Therapy does not include Supportive and Protective Care Drugs.

Hospital means a primary care medical facility operated pursuant to law. The Hospital has organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a RN (registered nurse), and be supervised by a staff of one or more Physicians. The Hospital also maintains on its premises the patient's written history and medical records.

Not included as a Hospital is an institution or part of such Hospital or institution which is licensed or used principally as: (a) a hospice unit (including any beds designated as a hospice bed); (b) a swing bed; (c) a convalescent home; (d) a rest or nursing facility; (e) a skilled nursing facility; (f) a psychiatric unit; (g) a rehabilitation unit or facility; or (h) a facility which primarily cares for the aged, drug addicts or alcoholics.

Immediate Family means the Spouse, father, mother, children or siblings of any Insured Person.

Immunotherapy means therapy which stimulates the normal immune system to kill tumor cells.

Insured Person means You or any other person(s) insured for the benefits of this policy.

Issue Date means the date this policy was issued as shown on the Policy Schedule.

Medically Necessary means that which is (a) prescribed by a Physician; (b) considered to be necessary and appropriate for the diagnosis and treatment of the condition; and (c) commonly accepted as proper care or treatment of the condition. Medically Necessary care does not include care (a) provided only as a convenience to the Insured Person or provider; and (b) in excess (in scope, duration, or intensity) of that level of care which is needed to provide safe, adequate and appropriate diagnosis and treatment. The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a sickness or physical condition for which, during the 12 months before the Issue Date, the Insured Person:

- had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment; or
- received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

Radiation Treatment means teleradio therapy using either natural or artificial propagated ionizing radiation or interstitial or intracavity application of radium or radioactive isotope in sealed or non-sealed sources. Radiation Treatment includes charges for Radiation Treatment delivery only and does not include charges for clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices, special services or supplies.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Spouse means the person to whom You are lawfully married and, if also an Insured Person under this policy, was named on Your application for this policy as Your Spouse at the time You first applied for this policy, or who was added to this policy at a later date. You may never have more than one Spouse insured under this policy at any given time.

Supportive and Protective Care Drugs means drugs prescribed by a Physician that do not have a direct cancericidal effect but serve to:

- protect and support the body from side effects associated with Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy; or
- enhance or modify the Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy; or
- be used for pain control for pain resulting from Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy.

Urgent Care Facility means a free-standing facility, which is not part of a Hospital, or Hospital Emergency Room, which provides care on an urgent basis.

Usual and Normal means charges for eligible medical services or supplies for which You are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Normal charges are determined by referencing the 50th percentile (midpoint) of the most current survey published for such services or supplies.

Waiting Period means the number of days following the Issue Date or last Reinstatement Date.

We, Us, or Our means Assurity Life Insurance Company.

You or Your means the primary Insured Person listed on the Policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided on Page 1.

The date renewal premiums are due is called the due date. Except as provided under the grace period, this policy will lapse if a renewal premium is not paid by the next due date. All premiums are considered paid when they are received at Our administrative office.

Grace Period. Your premium must be paid on or before the due date or during the 31-day grace period that follows the due date. This policy stays in force during this time. The grace period does not apply if You request termination of this policy.

Reinstatement. If You do not pay Your premium by the end of the grace period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within one year of the lapse in writing to Our administrative office. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after You apply for reinstatement.

The reinstated policy shall cover losses that begin more than 10 days after the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to Your death, We will refund, on a pro-rata basis, the portion of any premiums paid which were applied to periods following the date of Your death.

BENEFITS

This policy will pay the following benefits for the Medically Necessary treatment of Cancer. The limits and maximums for the benefits are per Insured Person.

Additional Surgical Opinions. We will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion for an Insured Person. Second surgical opinion means an evaluation of the need for surgery by a second Physician. If the second surgical opinion differs from the first, We will pay the actual charges incurred up to a maximum of \$200 for a third surgical opinion. Third surgical opinion means the evaluation by a third Physician if the opinions of the first two Physicians are in conflict. Additional surgical opinions must be obtained from a Physician not in practice with the Physician rendering the original recommendation.

You may use this benefit at Your discretion. Other benefits in this policy will not be affected by Your decision. This benefit is payable only after a positive diagnosis of Cancer has been made and only once for each cancerous condition. Second or third surgical opinions must be received before surgery is performed. This benefit is not payable for non-melanoma skin Cancer or reconstructive surgery. We require that You send us the initial surgical opinion in addition to the second or third surgical opinion.

Adult Companion Lodging and Transportation. We will pay You the following expenses for one Adult Companion to be near You or an Insured Person when You or such Insured Person is Confined in a non-local Hospital for specialized covered treatment prescribed by a Physician as Medically Necessary:

- the actual charges incurred up to \$40 per day for lodging incurred by the Adult Companion when staying at a hotel, motel or other accommodations acceptable to Us;
- the actual charges incurred up to \$15 per day for meals incurred by the Adult Companion; and
- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the Adult Companion lives. Mileage will be measured from the Adult Companion's residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit will not be paid for visits when an Insured Person receives non-covered treatments or periodic check-ups.

Ambulance. We will pay the actual charges incurred up to \$200 per trip if a licensed professional ambulance company transports an Insured Person to or from a Hospital or between medical facilities where the Insured Person is Confined for Cancer treatment. This benefit is limited to two trips per Confinement.

Anesthesia. If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay actual charges incurred up to 25% of the Surgical Benefit.

Blood and Blood Plasma. We will pay the actual charges incurred up to \$150 per day for an Insured Person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to Cancer. This benefit is not payable for clerical, storage, and administration expenses associated with blood and blood plasma. There is a maximum of \$5,000 per Calendar Year for this benefit.

This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors.

Bone Marrow Transplant for Cancer. We will pay the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies. If the actual charges are less than \$10,000, We will pay the difference to Your donor after benefits of the Insured Person have been paid. Related services and supplies include chemotherapy and/or radiation therapy when supported by allogeneic or autologous bone marrow or stem cell transplants. This benefit will pay for immunoglobulins, immunotherapy or colony-stimulating factors.

Included in the lifetime maximum are those covered charges beginning on the date of harvest through follow-up care for six months post transplantation.

Cancer Screening Test(s). We will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per Calendar Year. Benefits are not payable for tests performed within the 30-day Waiting Period.

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

Durable Medical Equipment – Rental or Purchase. Upon proof of Your Physician's recommendation, We will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year:

- brace;
- crutches;
- hospital bed;
- respirator or similar mechanical device; or
- wheel chair.

Experimental Treatment. We will pay the actual charges incurred up to \$4,000 per Calendar Year for experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Extended Benefits. If an Insured Person is continuously Confined in a Hospital for treatment of Cancer for more than 75 consecutive days, We will pay the actual charges incurred up to the minimum of the Usual and Normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines;
- Hospital room and board;
- tests; and
- other Medically Necessary Hospital charges.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under this Extended Benefits provision.

Government or Charity Hospital Confinement. We will pay \$200 per day, up to 75 consecutive days, for an Insured Person Confined for treatment of Cancer in:

- a hospital operated by or for the United States Government (including Veteran's Administration); or
- a hospital that does not charge for the services it provides (charity).

If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

Hairpiece. We will pay a one-time benefit of the actual charges incurred up to \$150 for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay the actual charges incurred up to \$100 per day for services provided at home, not to exceed a maximum of 60 days per Calendar Year when an Insured Person is provided services by a licensed home health care agency. Such care must be prescribed by a Physician and begin within seven days of release from a covered Hospital Confinement. The care cannot be provided by an Immediate Family member. This benefit will not be payable on the same day that Hospice Care is payable.

Hospice Care. We will pay the actual charges incurred up to \$100 per day for care provided by a hospice if an Insured Person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Hospital Confinement. We will pay \$[150] per day, up to 75 consecutive days, of Hospital Confinement for an Insured Person's treatment of Cancer.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under this Hospital Confinement provision.

This benefit is not payable for Government or Charity Hospital Confinements.

Outpatient Surgery. We will pay a benefit equal to the daily Hospital Confinement benefit for an Insured Person's outpatient surgery due to Cancer in a Hospital or ambulatory surgical center. This benefit is not payable for surgery in a Physician's office or clinic and is not available for non-melanoma skin Cancer treatment.

Physician's Attendance. We will pay the actual charges incurred up to \$35 per day for in-Hospital visits from Your Physician. This benefit does not include visits from a surgeon.

Private Duty Nursing Service. We will pay the actual charges incurred up to \$100 per day for private duty nursing care and attendance by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer. Such care must be required and authorized by a Physician and not provided by an Immediate Family member. This benefit is payable for a Calendar Year maximum of 60 days.

Positive Diagnosis Test. We will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

Prosthesis. We will pay the actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

Prosthesis – Breast. We will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to Cancer as a direct result of surgery for Cancer treatment.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay 50% of the actual charges incurred up to the Calendar Month maximum of \$[5,000] and lifetime maximum of \$[25,000] for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician; or
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

We will also pay for actual charges incurred up to a maximum of \$500 per Calendar Year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

Skin Cancer (Non-Melanoma). We will pay the actual charges incurred up to \$100 for the removal of non-melanoma skin Cancer when the diagnosis is made by a Physician. This benefit is limited to two procedures per Calendar Year.

Surgical. For the treatment of, removal of, or destruction of Cancer, We will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the surgical benefit amounts, but not both.

The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office.

SURGICAL BENEFITS SCHEDULE

CPT Code	Description	Benefit
SKIN (MELANOMA ONLY)		
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (e.g., hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens	\$900
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	\$900

INTEGUMENTARY SYSTEM REPAIR		
14040	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	\$1,200
14041	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	\$1,600
BREAST		
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	\$250
19101	Biopsy of breast; open, incisional	\$550
19120	Excision of cyst, fibroadenoma, or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	\$750
19160	Mastectomy, partial	\$700
19180	Mastectomy, simple, complete	\$1,000
19200	Mastectomy, radical	\$1700
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	\$1800
MUSCULOSKELETAL SYSTEM		
21031	Excision of torus mandibularis	\$600
21550	Biopsy, soft tissue of neck or thorax	\$400
RESPIRATORY SYSTEM		
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	\$2,050
31360	Laryngectomy; total, without radical neck dissection	\$2,400
31365	Laryngectomy; total, with radical neck dissection	\$3,150
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$150
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	\$400
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	\$300
32100	Thoracotomy, major; with exploration and biopsy	\$1,700
32405	Biopsy lung or mediastinum	\$200
32440	Removal of lung, total pneumonectomy	\$2,800
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$2,650
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	\$2,550
LYMPHATIC		
38100	Splenectomy; total (separate procedure)	\$1,550
38500	Biopsy or excision of lymph node(s); open, superficial	\$550
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)	\$200
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$700
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	\$800
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$700
MEDIASTINUM		
39400	Mediastinoscopy, with or without biopsy	\$750

DIGESTIVE SYSTEM

41100	Biopsy of tongue; anterior two-thirds	\$300
41105	Biopsy of tongue; posterior one-third	\$250
41108	Biopsy of floor of mouth	\$200
41130	Glossectomy; hemiglossectomy	\$1,900
42120	Resection of palate or extensive resection of lesion	\$1,250
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$1,100
42440	Excision of submandibular (submaxillary) gland	\$850
42450	Excision of sublingual gland	\$750
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$500
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	\$600
43631	Gastrectomy, partial, distal; with gastroduodenostomy	\$2,350
43632	Gastrectomy, partial, distal; with gastrojejunostomy	\$2,350
43830	Gastrostomy, open; without construction of gastric tube (e.g., Stamm procedure) (separate procedure)	\$1,050
44120	Enterectomy, resection of small intestine; single resection and anastomosis	\$1,800
44140	Colectomy, partial; with anastomosis	\$2,200
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$2,150
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$2,500
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$2,300
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$2,750
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$2,950
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$2,650
44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	\$3,300
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$3,000
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,950
44320	Colostomy or skin level cecostomy; (separate procedure)	\$1,850
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$300
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$300
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple, with or without biopsy	\$350
47120	Hepatectomy, resection of liver; partial lobectomy	\$3,750
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$2,400
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	\$5,000

URINARY SYSTEM

50200	Renal biopsy; percutaneous, by trocar or needle	\$300
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$1,750
51550	Cystectomy, partial; simple	\$1,600
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	\$300

52204	Cystourethroscopy, with biopsy	\$1,150
52500	Transurethral resection of bladder neck (separate procedure)	\$900
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration, and/or dilation, and internal urethrotomy are included)	\$1,250
MALE GENITAL SYSTEM		
54100	Biopsy of penis; (separate procedure)	\$350
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$600
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	\$400
55810	Prostatectomy, perineal radical	\$2,250
FEMALE GENITAL SYSTEM		
56620	Vulvectomy simple; partial	\$900
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$250
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	\$1,650
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	\$700
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking	\$2,700
ENDOCRINE SYSTEM		
60100	Biopsy thyroid, percutaneous core needle	\$200
60240	Thyroidectomy, total or complete	\$1,750
NERVOUS SYSTEM		
61500	Craniectomy; with excision of tumor or other bone lesion of skull	\$2,200
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$3,550

Transportation. If treatment covered by this policy for the purpose of modification or destruction of cancerous tissue prescribed by a Physician as Medically Necessary is not available locally (within 50 miles of the Insured Person's residence), We will pay the following expenses for an Insured Person requiring non-local treatment under this policy:

- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment,; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where You live. Mileage will be measured from Your residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

LIMITATIONS

Pre-existing Conditions. We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

Waiting Period. Charges incurred during the first 30 days of coverage are not eligible for payment.

EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- injuries;
- noncancerous sickness;
- expenses that are incurred prior to the Issue Date regardless of the date of positive diagnosis; or
- care, and/or treatment received outside the United States.

INSURED PERSON

Persons Eligible on the Issue Date. The only people eligible for coverage on the Issue Date are:

- Employee
- Spouse
- Dependent Child(ren)

Only the Insured Persons listed on the Policy Schedule or by amendment are covered by this policy.

Persons Who Become Eligible after the Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 25, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child, if and only if written notice is received by Us and a premium is paid for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, or within 60 days of adoption, placement for adoption or placement as a Foster Child. The required written notice must include the child's name, gender and date of birth, adoption or placement with You.

Except as provided above, any others who become eligible after the Issue Date can only become Insured Persons after:

- We approve such eligible person's written application for coverage; and
- all required premiums are paid.

Termination of Coverage. Coverage for Dependent Children will terminate when any such child no longer meets the definition of Dependent Children. Coverage for any Spouse will terminate when such Spouse no longer meets the definition of Spouse.

The attainment of the limiting age for an Eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person within 31 days of the child's attainment of the limiting age, and thereafter We may require such proof not more frequently than annually after the two-year period following the dependent's attainment of the limiting age. In the absence of such proof We, may terminate the coverage of such dependent after the attainment of the limiting age.

It is Your responsibility to notify Us of any Insured Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person, and Our sole liability will be limited to a refund of any premium overpayment.

Continuation of Coverage. If this is a policy that includes coverage for Your Spouse and You die, Your Spouse can keep this policy in force with timely payment of due premiums. Your Spouse must notify Us in writing within 60 days after Your death to continue coverage and begin paying premiums.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- when any premium due for this policy is not paid before the end of the grace period;
- the date We receive Your written request at Our administrative office to terminate coverage unless Your request specifies a later date; or
- upon Your death, except as described under Continuation of Coverage.

CLAIMS PROCEDURE

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after the loss covered by this policy starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule and the name of the Insured Person, if different.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the loss within the time limit as provided under the proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of loss unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any loss covered by this policy will be paid immediately after proper written proof is received.

Payment of Claims. At the time of claim payment, any premium then due and unpaid may be deducted by Us from the claim payment. Benefits will be paid to You, if living, otherwise to Your Beneficiary. If a Beneficiary is not named, any benefits will be payable to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our administrative office.

Change of Beneficiary. The beneficiary is named in the application or later endorsement. You may change the beneficiary by completing and signing a form provided by Us for changing a beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgement of the beneficiary change.

Conformity with State Statutes. The law of Your state of residence on the Issue Date applies. If this policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Entire Contract; Changes. The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed on and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to an Insured Person's correct age, the coverage provided by this policy would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible, shall be limited to the refund, upon written request to Our administrative office, of all premiums paid for such period.

Periods of Time. All periods of time shown in this policy begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time of Coverage. Coverage starts on this policy's Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. of the same standard time zone on the renewal date, subject to the grace period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Time Limit on Certain Defenses. After three years from the Issue Date of this policy, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss that happens after the three-year period.

After three years from Your last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date of this policy, shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Issue Date of coverage of this policy.

CANCER EXPENSE POLICY

**Guaranteed Renewable for Life
Company may change premium rates**

READ YOUR POLICY CAREFULLY

ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 Lincoln, Nebraska 68501-2533
(800) 869-0355

CANCER EXPENSE POLICY
OUTLINE OF COVERAGE

This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** Cancer Expense coverage is designed to provide benefits if an Insured Person incurs certain expenses due to Cancer. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.
- C. BENEFITS**

Additional Surgical Opinions. We will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion for an Insured Person. If the second surgical opinion differs from the first, We will pay the actual charges incurred up to a maximum of \$200 for a third surgical opinion. This benefit is payable only after a positive diagnosis of Cancer has been made and only once for each cancerous condition. This benefit is not payable for non-melanoma skin Cancer or reconstructive surgery.

Adult Companion Lodging and Transportation. We will pay the following expenses for one Adult Companion to be near You or an Insured Person when You or such Insured Person is Confined in a non-local Hospital for specialized covered treatment:

- the actual charges incurred up to \$40 per day for lodging incurred by the Adult Companion when staying at a hotel, motel or other accommodations acceptable to Us;
- the actual charges incurred up to \$15 per day for meals incurred by the Adult Companion; and
- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the Adult Companion lives. Mileage will be measured from the Adult Companion's residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

Ambulance. We will pay the actual charges incurred up to \$200 per trip if a licensed professional ambulance company transports an Insured Person to or from a Hospital or between medical facilities where the Insured Person is Confined for Cancer treatment. This benefit is limited to two trips per Confinement.

Anesthesia. If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay actual charges incurred up to 25% of the Surgical Benefit.

Blood and Blood Plasma. We will pay the actual charges incurred up to \$150 per day for an Insured Person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to Cancer. There is a maximum of \$5,000 per Calendar Year for this benefit.

Bone Marrow Transplant for Cancer. We will pay the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies.

Cancer Screening Test(s). We will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per Calendar Year. Benefits are not payable for test performed within the 30-day Waiting Period.

- biopsy for skin Cancer
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- chest x-ray
- colonoscopy
- flexible sigmoidoscopy
- hemocult stool specimen
- mammography screening
- pap smear (test only)
- PSA (blood test for prostate Cancer)
- serum protein electrophoresis
- thermography

Durable Medical Equipment – Rental or Purchase. Upon proof of Your Physician's recommendation, We will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year.

- brace
- crutches
- hospital bed
- respirator or similar mechanical device
- wheel chair

Experimental Treatment. We will pay the actual charges incurred up to \$4,000 per Calendar Year for experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Extended Benefits. If an Insured Person is continuously Confined in a Hospital for treatment of Cancer for more than 75 consecutive days, We will pay the actual charges incurred up to the minimum of the Usual and Normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines
- Hospital room and board
- tests
- other Medically Necessary Hospital charges

Government or Charity Hospital Confinement. We will pay \$200 per day, up to 75 consecutive days, for an Insured Person Confined for treatment of Cancer in:

- a hospital operated by or for the United States Government (including Veteran's Administration); or
- a hospital that does not charge for the services it provides (charity).

If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

Hairpiece. We will pay a one-time benefit of the actual charges incurred up to \$150 for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay the actual charges incurred up to \$100 per day for services provided at home, not to exceed a maximum of 60 days per Calendar Year when an Insured Person is provided services by a licensed home health care agency. Such care must be prescribed by a Physician and begin within seven days of release from a covered Hospital Confinement. The care cannot be provided by an Immediate Family member. This benefit will not be payable on the same day that Hospice Care is payable.

Hospice Care. We will pay the actual charges incurred up to \$100 per day for care provided by a hospice if an Insured Person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Hospital Confinement. We will pay a daily benefit, up to 75 consecutive days, of Hospital Confinement for an Insured Person's treatment of Cancer.

This benefit is not payable for Government or Charity Hospital Confinements.

Outpatient Surgery. We will pay a benefit equal to the daily Hospital Confinement benefit for an Insured Person's outpatient surgery due to Cancer in a Hospital or ambulatory surgical center. This benefit is not payable for surgery in a Physician's office or clinic and is not available for non-melanoma skin Cancer treatment.

Physician's Attendance. We will pay the actual charges incurred up to \$35 per day for in-Hospital visits from Your Physician. This benefit does not include visits from a surgeon.

Private Duty Nursing Service. We will pay the actual charges incurred up to \$100 per day for private duty nursing care and attendance by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer. This benefit is payable for a Calendar Year maximum of 60 days.

Positive Diagnosis Test. We will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

Prosthesis. We will pay the actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

Prosthesis – Breast. We will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to Cancer as a direct result of surgery for Cancer treatment.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay 50% of the actual charges incurred up to the Calendar Month maximum and lifetime maximum for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician; or
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

We will also pay for actual charges incurred up to a maximum of \$500 per Calendar Year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

Skin Cancer (Non-Melanoma). We will pay the actual charges incurred up to \$100 for the removal of non-melanoma skin Cancer when the diagnosis is made by a Physician. This benefit is limited to two procedures per Calendar Year.

Surgical. For the treatment of, removal of, or destruction of Cancer, We will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the surgical benefit amounts, but not both.

The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office.

SURGICAL BENEFITS SCHEDULE

SKIN (MELANOMA ONLY)

- Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens
- Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

INTEGUMENTARY SYSTEM REPAIR

- Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
- Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm

BREAST

- Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
- Biopsy of breast; open, incisional
- Excision of cyst, fibroadenoma, or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions
- Mastectomy, partial
- Mastectomy, simple, complete
- Mastectomy, radical
- Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

MUSCULOSKELETAL SYSTEM

- Excision of torus mandibularis
- Biopsy, soft tissue of neck or thorax

RESPIRATORY SYSTEM

- Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
- Laryngectomy; total, without radical neck dissection
- Laryngectomy; total, with radical neck dissection
- Laryngoscopy, indirect; diagnostic (separate procedure)
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
- Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- Thoracotomy, major; with exploration and biopsy
- Biopsy lung or mediastinum
- Removal of lung, total pneumonectomy
- Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
- Removal of lung, other than total pneumonectomy; wedge resection, single or multiple

LYMPHATIC

- Splenectomy; total (separate procedure)
- Biopsy or excision of lymph node(s); open, superficial
- Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
- Biopsy or excision of lymph node(s); open, deep cervical node(s)
- Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
- Biopsy or excision of lymph node(s); open, deep axillary node(s)

MEDIASTINUM

- Mediastinoscopy, with or without biopsy

DIGESTIVE SYSTEM

- Biopsy of tongue; anterior two-thirds
- Biopsy of tongue; posterior one-third
- Biopsy of floor of mouth
- Glossectomy; hemiglossectomy
- Resection of palate or extensive resection of lesion
- Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
- Excision of submandibular (submaxillary) gland
- Excision of sublingual gland
- Esophagoscopy, rigid or flexible; with biopsy, single or multiple
- Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
- Gastrectomy, partial, distal; with gastroduodenostomy
- Gastrectomy, partial, distal; with gastrojejunostomy
- Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
- Enterectomy, resection of small intestine; single resection and anastomosis
- Colectomy, partial; with anastomosis
- Colectomy, partial; with skin level cecostomy or colostomy
- Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
- Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
- Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
- Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
- Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
- Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
- Colectomy, total, abdominal, with proctectomy; with ileostomy
- Colectomy, partial, with removal of terminal ileum with ileocolostomy
- Colostomy or skin level cecostomy; (separate procedure)
- Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
- Colonoscopy through stoma; with biopsy, single or multiple
- Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple, with or without biopsy
- Hepatectomy, resection of liver; partial lobectomy
- Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
- Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy

URINARY SYSTEM

- Renal biopsy; percutaneous, by trocar or needle
- Nephrectomy, including partial ureterectomy, any open approach including rib resection
- Cystectomy, partial; simple
- Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis

- Cystourethroscopy, with biopsy
- Transurethral resection of bladder neck (separate procedure)
- Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration, and/or dilation, and internal urethrotomy are included)

MALE GENITAL SYSTEM

- Biopsy of penis; (separate procedure)
- Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- Biopsy, prostate; needle or punch, single or multiple, any approach
- Prostatectomy, perineal radical

FEMALE GENITAL SYSTEM

- Vulvectomy simple; partial
- Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
- Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
- Biopsy of ovary, unilateral or bilateral (separate procedure)
- Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking

ENDOCRINE SYSTEM

- Biopsy thyroid, percutaneous core needle
- Thyroidectomy, total or complete

NERVOUS SYSTEM

- Craniectomy; with excision of tumor or other bone lesion of skull
- Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma

Transportation. If treatment covered by this policy for the purpose of modification or destruction of cancerous tissue prescribed by a Physician as Medically Necessary is not available locally (within 50 miles of the Insured Person's residence), We will pay the following expenses for an Insured Person requiring non-local treatment under this policy:

- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where You live. Mileage will be measured from Your residence to the facility where the treatment is administered.

This benefit is limited to two trips per calendar year.

D. LIMITATIONS

Pre-existing Conditions. We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after this policy has been in force for 12 months from the Effective Date.

Waiting Period. Charges incurred during the first 30 days of coverage are not eligible for payment.

E. EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- injuries;
- noncancerous sickness;
- expenses that are incurred prior to the Effective Date regardless of the date of positive diagnosis; or
- care, and/or treatment received outside the United States.

F. RENEWABILITY

This policy is guaranteed renewable for life. That means as long as You pay premiums when due, We cannot cancel or change Your policy.

G. PREMIUMS

We reserve the right to change the premium rates. We can only do it after approval or acknowledgement by Your state for all policies in Your class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Intensive Care Unit Benefit Rider – This rider provides a Daily Benefit Amount for each day an Insured Person is Confined in a Hospital Intensive Care Unit, not to exceed 30 days during any one period of Confinement. The Daily Benefit Amount is shown in the Rider Schedule and reduces by 50% when that Insured Person reaches age 70.

Cancer First Occurrence Benefit Rider – This rider provides a lump sum payment the first time an Insured Person is diagnosed as having Cancer. This benefit is not payable if diagnosed with Cancer within the 30-day Waiting Period.

Specified Disease Benefit Rider – This rider provides a Daily Benefit Amount for each day an Insured Person is Confined in a Hospital for treatment of a Specified Disease listed below:

Addison's Disease	Malaria	Rocky Mountain Spotted Fever
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Muscular Dystrophy	Tay-Sachs Disease
Cystic-Fibrosis	Myasthenia Gravis	Tetanus
Diphtheria	Osteomyelitis	Toxic Shock Syndrome
Encephalitis	Polio	Trichinosis
Histoplasmosis	Q Fever	Tuberculosis
Legionnaires' Disease	Reye's Syndrome	Typhoid Fever
Lou Gehrig's Disease (ALS)	Rheumatic Fever	Whooping Cough

We will also pay the actual charges incurred up to \$500 per Calendar Year for drugs prescribed by a Physician for treatment of a Specified Disease outside a Hospital setting.



INTENSIVE CARE UNIT BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and the first rider premium. Premium for this rider is included in the modal premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in Your class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person(s)	[John Doe] [Jane Doe] [Jamie Doe] [Jason Doe] [Jenny Doe] [Jake Doe] [Jackie Doe] [Jerome Doe] [Jackson Doe]
Issue Date	[September 15, 2009]
Daily Benefit Amount per Insured Person	[\$300]

DEFINITIONS

Hospital Intensive Care Unit means a specialized area which: (a) is a specifically designated area of the Hospital called an Intensive Care Unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured who requires intensive comprehensive observation and care; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; (d) is under constant and continuous observation by a specially trained nursing staff assigned exclusively to the Hospital Intensive Care Unit on a 24 hour basis; and (e) has a Physician assigned to the Hospital Intensive Care Unit.

A Hospital Intensive Care Unit is not any of the following step down units: (a) a progressive care unit; (b) an intermediate care unit; (c) a private monitored room; (d) Hospital Sub-Acute Intensive Care Unit; (e) modified/moderate care unit; (f) an observation unit; or (g) any facility not meeting the definition of a Hospital Intensive Care Unit.

Hospital Sub-Acute Intensive Care Unit means a specialized area which: (a) is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward; (b) is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement; (c) is permanently equipped with special lifesaving equipment for the care of the critically ill or injured; and (d) is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to by other names such as progressive care, modified/moderate care unit, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or ward with or without monitoring equipment.

RIDER BENEFIT

Benefits are not payable for losses incurred within the 30-day Waiting Period.

We will pay the Daily Benefit Amount for each day an Insured Person is Confined in a Hospital Intensive Care Unit, not to exceed 30 days during any one period of Confinement. The Daily Benefit Amount is shown in the Rider Schedule and reduces by 50% when that Insured Person reaches age 70.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under this rider.

EXCLUSIONS

We will not pay benefits for Confinements in a Hospital Intensive Care Unit that are caused by or are the result of an Insured Person:

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing, parakiting or any similar activities;
- riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- having elective procedures that are not Medically Necessary, including but not limited to organ donation and elective sterilization;
- having mental or nervous disorders;
- participating in or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- intentionally self-inflicting an injury;
- committing or attempting to commit suicide, while sane or insane;
- having dental treatment except as the result of a covered injury;
- traveling outside the United States, except for those covered injuries that require emergency care in a Hospital;
- voluntarily inhaling gas;
- having cosmetic care, except when the Hospital Confinement is due to Medically Necessary reconstructive surgery;

- being Confined primarily for rest care, convalescent care or for rehabilitation;
- having a covered injury or sickness covered under Worker's Compensation, an Employer's Liability law or similar law; or
- being pregnant, experiencing pregnancy related conditions (other than complications of pregnancy), giving birth or otherwise terminating pregnancy during the 10 month period immediately following the Issue Date.

REINSTATEMENT

In addition to the Reinstatement shown in the policy, this rider will cover losses resulting from injury incurred immediately after the Reinstatement Date.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the grace period; or
- the date We receive Your written request at Our administrative office to terminate this rider unless Your request specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's Signature]
President

[Secretary's Signature]
Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



CANCER FIRST OCCURRENCE BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and the first rider premium. Premium for this rider is included in the modal premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in Your class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person(s)	[John Doe] [Jane Doe] [Jamie Doe] [Jason Doe] [Jenny Doe] [Jake Doe] [Jackie Doe] [Jerome Doe] [Jackson Doe]
Issue Date	[September 15, 2009]
Benefit Amount per Insured Person	[\$2,500]

RIDER BENEFIT

Benefits are not payable if an Insured Person is diagnosed with Cancer within the 30-day Waiting Period.

We will pay a lump sum payment the first time an Insured Person is diagnosed as having Cancer. This benefit will be paid once per Insured Person. We will pay the Benefit Amount shown in the Rider Schedule.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the grace period; or
- the date We receive Your written request at Our administrative office to terminate this rider unless Your request specifies a later date

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's Signature]

President

[Secretary's Signature]

Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**



SPECIFIED DISEASE BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and the first rider premium. Premium for this rider is included in the modal premium shown on the Policy Schedule. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in Your class. You will be given 31 days notice by mail prior to any premium change.

RIDER SCHEDULE

Insured Person(s)	[John Doe] [Jane Doe] [Jamie Doe] [Jason Doe] [Jenny Doe] [Jake Doe] [Jackie Doe] [Jerome Doe] [Jackson Doe]
Issue Date	[September 15, 2009]

DEFINITIONS

Specified Disease means any of the following:

Addison's Disease	Malaria	Rocky Mountain Spotted Fever
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Muscular Dystrophy	Tay-Sachs Disease
Cystic-Fibrosis	Myasthenia Gravis	Tetanus
Diphtheria	Osteomyelitis	Toxic Shock Syndrome
Encephalitis	Polio	Trichinosis
Histoplasmosis	Q Fever	Tuberculosis
Legionnaires' Disease	Reye's Syndrome	Typhoid Fever
Lou Gehrig's Disease (ALS)	Rheumatic Fever	Whooping Cough

RIDER BENEFIT

Benefits are not payable if an Insured Person is diagnosed with a Specified Disease within the 30-day Waiting Period.

Hospital Confinement Benefit. We will pay \$150 per day, up to 75 continuous days, of Hospital Confinement for an Insured Person's treatment of a Specified Disease.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under Hospital Confinement Benefit.

Extended Benefits. If any Insured Person is continuously Confined in a Hospital for treatment of a Specified Disease for more than 75 consecutive days, We will pay the actual charges incurred up to the minimum of the Usual and Normal charges or \$600 per day, beginning on the 76th day for:

- Hospital room and board;
- drugs and medicines;
- tests; and
- other Medically Necessary Hospital charges.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under Extended Benefits.

Drugs and Medicines. We will pay the actual charges incurred up to \$500 per Calendar Year for drugs prescribed by a Physician for treatment of a Specified Disease outside a Hospital setting.

TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the grace period; or
- the date We receive Your written request at Our administrative office to terminate this rider unless Your request specifies a later date.

Assurity Life Insurance Company has signed this rider on the Issue Date.

[President's Signature]
President

[Secretary's Signature]
Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

CANCER EXPENSE

Plan	Insured Options	Benefit Options	Riders	Premium Amt
<input type="checkbox"/> Cancer Expense	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Family	Radiation/Chemotherapy <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000 <input type="checkbox"/> \$10,000/\$100,000 Hospital Confinement <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350	<input type="checkbox"/> Cancer First Occurrence Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Intensive Care Unit Benefit Rider <input type="checkbox"/> \$300 <input type="checkbox"/> \$600 <input type="checkbox"/> Specified Disease Benefit Rider <input type="checkbox"/> Other _____	

Please answer the following questions.

1. During the past **10 years**, has any Proposed Insured been advised by a medical professional to have any diagnostic tests related to cancer that have not been completed or for which results have not been received? ☐ Yes ☐ No
 (If YES, please provide details in #7 below.)

*2. During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of, internal cancer, leukemia, Hodgkin's lymphoma (formerly known as Hodgkin's disease), melanoma, malignant tumors or carcinoma in situ? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*3. During the past **5 years**, has any Proposed Insured been treated for or diagnosed with non-melanoma skin cancer? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*4. If applying for the Specified Disease Benefit Rider: During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated or hospitalized by a medical professional for, or had symptoms of, any of the following diseases: Addison's disease, botulism, brucellosis, Budd-Chiari syndrome, cystic fibrosis, diphtheria, encephalitis, histoplasmosis, Legionnaires' disease, Lou Gehrig's disease, systemic lupus erythematosus, malaria, meningitis, multiple sclerosis, muscular dystrophy, myasthenia gravis, osteomyelitis, polio, Q fever, Reye's syndrome, rheumatic fever, Rocky Mountain spotted fever, sickle cell anemia, Tay-Sachs disease, tetanus, toxic shock syndrome, trichinosis, tuberculosis, typhoid fever or whooping cough? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*5. If applying for the Intensive Care Unit Benefit Rider: During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), high blood pressure with reading of 160/100 or higher, stroke or insulin-dependent diabetes? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*For person(s) listed, the Elimination and Amendment of Benefits form must be completed and signed by the Primary Proposed Insured.

6. If applying for the Intensive Care Unit Benefit Rider: Are you or any family member applying for coverage currently pregnant? .. ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

7. DETAILS: Enter any details from question #1 below. (If additional space is needed, attach a separate sheet of paper.)

Name (First/Middle/Last)	Relationship to Insured	Date of Condition (MM/DD/YYYY)	Health Condition & Details	Medical Care Providers' Name/Address/Phone
		/ /		
		/ /		
		/ /		



Primary Proposed Insured's Agreement

I have read the answers and statements written in this application, and represent each and all of them to be true and complete to the best of my knowledge and belief. In the absence of fraud, my answers in this application shall be deemed representations and not warranties. I agree that a copy of this application and any supplement shall be attached to and form a part of any policy issued. Acceptance of any insurance policy issued on this application as evidenced by the payment of premiums, will constitute a ratification of any corrections or additions to the application noted by Assurity in the space headed "HOME OFFICE CORRECTIONS OR ADDITIONS ONLY" for administrative purposes. A photocopy of the amended application attached to the policy will be sufficient notice to me of such corrections or additions.

The insurance applied for shall be in force as of the policy issue date as shown on the policy schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the policy(ies) are pre-paid premiums and will be applied to coverage beginning on the issue date. If the policy(ies) is(are) not issued, Assurity will refund any premium deductions it receives.

Any person to be covered for specified disease may not be covered by any Medicaid program.

HOME OFFICE CORRECTIONS AND ADDITIONS ONLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Issue Date _____

Signed at _____ on _____
(City / State) (Date MM/DD/YYYY)

Primary Proposed Insured's Signature _____

Payor's Signature (for Term Life only) _____

Agent's Statement and Agreement

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured. The Proposed Insured has read the completed application, or has had the completed application read to them. I also certify that this insurance ☐ does ☐ does not replace or change any existing life, health or annuity coverage.

Agent's Printed Name _____ Agent No. _____ Agent's Telephone No. _____

Agent's Signature _____ on _____
(Date MM/DD/YYYY)

Group No. _____



SERFF Tracking Number:	SEFL-126291862	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	43447
Company Tracking Number:	CANCER+		
TOI:	H071 Individual Health - Specified Disease - Limited Benefit	Sub-TOI:	H071.002A Dread Disease - Cancer Only
Product Name:	CANCER+		
Project Name/Number:	CANCER+/CANCER+		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/30/2009
Comments:			
Attachment:			
READ CERT.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	09/30/2009
Bypass Reason:	Applicationpages are included as well as information on the application pages in the general description of this filing.		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/30/2009
Bypass Reason:	This is included under the forms tab.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Sample of Application	Approved-Closed	09/30/2009
Comments:			
Attachment:			
WSCAR.pdf			

READABILITY CERTIFICATION


I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): W C240 et al.

Type of Form: Cancer Expense

Form No.	Description	Flesch Score
W C240 (AR)	Cancer Expense Policy	50.2
OC-W C240 (AR)	Outline of Coverage	50.3
R WC241	Intensive Care Unit Benefit Rider	50.1
R WC242	Cancer First Occurrence Benefit Rider	61
R WC243	Specified Disease Benefit Rider	52.2
47-405-05053	Cancer Expense Application Section	53.2
47-401-05053	Insured's/Agent Agreement	52.0


Signature

September 4, 2009
Date

Carol S. Watson
Vice President, General Counsel and Secretary

PLEASE PRINT WITH BLACK INK

APPLICATION FOR INSURANCE

ASSURITY LIFE INSURANCE COMPANY 1526 K Street, PO Box 82533, Lincoln NE 62533-2533		<input type="checkbox"/> New application <input type="checkbox"/> Takeover <input type="checkbox"/> Addition, increase or change to existing coverage; existing Policy No. _____	
Primary Proposed Insured - Employee			
Name (First MI Last)		Date of Birth (MM/DD/YYYY) / /	
Social Security No. - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	Issue Age
Residential Address			
City		State	ZIP -
Personal Phone No. () -	Birth State/Country	Height ft. in.	Weight lbs.
Employer		Occupation/Title	
Duties			
Monthly Income \$	Full-Time Hire Date (MM/DD/YYYY) / /	Dept No.	
Other Proposed Insured(s) - Dependent(s) (If additional space is needed, attach a separate sheet of paper.)			
Name (First MI Last)		Relationship to Insured	Date of Birth (MM/DD/YYYY)
Height ft. in. Weight lbs.		Spouse	/ /
		Child	/ /
		Child	/ /
		Child	/ /
		Child	/ /
Beneficiary(ies) (If additional space is needed, attach a separate sheet of paper.)			
Name (First MI Last)		Relationship to Insured	Date of Birth (MM/DD/YYYY)
Primary			/ /
Contingent			/ /

For ALL COVERAGES, please answer the following questions.

- During the past 90 days, have you worked less than 30 hours per week in your primary occupation? ☐ Yes ☐ No
- During the past 90 days, have you been unable to perform any of the duties of your primary occupation? ☐ Yes ☐ No
- Has any Proposed Insured ever been treated or diagnosed by a medical professional for Acquired Immune Deficiency (AIDS), AIDS Related Complex (ARC) or Antibodies to Human T-lymphotrophic Virus Type III (HTLV); or had a positive test for HIV (Human Immunodeficiency Virus) antibodies?..... ☐ Yes ☐ No
If YES, identify name(s) of person(s) _____
- If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? ☐ Yes ☐ No
If YES, complete replacement form provided by your agent if required by your state.
- Is there any other life, cancer, heart/stroke, disability, hospital indemnity, critical illness or accident insurance in force or applied for on any Proposed Insureds? ☐ Yes ☐ No
If YES, list person, company name, policy number, year issued, type of coverage and amount of benefit.



Primary Proposed Insured Name _____

ACCIDENT EXPENSE

Plans	Insured Options	Benefit Options	Riders	Premium Amt
<input type="checkbox"/> 24-hour Accident Exp <input type="checkbox"/> Off-the-job Accident Exp	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Family	<input type="checkbox"/> 1 unit <input type="checkbox"/> 2 units	<input type="checkbox"/> Short-Term DI Rider <input type="checkbox"/> 6 month benefit <input type="checkbox"/> 12 month benefit <input type="checkbox"/> Other (specify) _____	

Please answer the following questions (only if applying for Short-Term Disability Income Rider).

1. During the past 6 months, have you missed work for more than 5 consecutive days due to personal injury or illness (except pregnancy)? ☐ Yes ☐ No



SHORT-TERM DISABILITY INCOME

Plans	Industry Class	Benefit Options	Riders	Premium Amt
<input type="checkbox"/> Accident Only Disability Income <input type="checkbox"/> Accident and Sickness Disability Income	<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 2	Monthly Benefit Amt. \$ _____ Benefit Period: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months Accident Elimination: <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days Sickness Elimination: <input type="checkbox"/> 7 days <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	<input type="checkbox"/> Emergency Acc Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> On-the-Job Disability Income Rider <input type="checkbox"/> Retroactive Injury Benefit Rider <input type="checkbox"/> Spouse Accident Only Disability Income Rider <input type="checkbox"/> Other (specify) _____	

Please answer the following questions.

1. During the past 6 months, have you missed work for more than 5 consecutive days due to personal illness or injury (except pregnancy)? ☐ Yes ☐ No

2. During the past 12 months, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? (If YES, please provide details in #5 below.) ☐ Yes ☐ No

3. During the past 5 years, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), circulatory system, liver, lungs (including emphysema, Chronic Obstructive Lung or Pulmonary Disease) or kidneys; high blood pressure with reading of 160/100 or higher; hepatitis (other than type A); stroke; Transient Ischemic Attack (TIA); insulin dependent diabetes; cancer(excluding skin); Hodgkin's Disease; leukemia; dementia; Multiple Sclerosis; Muscular Dystrophy; or alcohol or drug abuse? (If YES, please provide details in #5 below.) ☐ Yes ☐ No

4. During the past 5 years, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had any symptoms of any of the following: disease or disorder of the back, neck, knees, shoulder or joints; carpal tunnel syndrome; chronic fatigue; fibromyalgia; lupus; or asthma (requiring steroids)? (If YES, please, provide details in #5 below.) ☐ Yes ☐ No

5. DETAILS: Enter any details from questions #2-4 below. (If additional space is needed, attach a separate sheet of paper.)

Question #	Name (First MI Last)	Relationship to Insured	Date of Condition (MM/DD/YYYY)	Health Condition & Details	Medical Care Providers' Name/Address/Phone
			/ /		
			/ /		
			/ /		
			/ /		



CRITICAL ILLNESS

Plan	Insured Options	Benefit Options	Riders	Premium Amt
<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Employee Benefit Amt. \$ _____ Spouse Benefit Amt. \$ _____	<input type="checkbox"/> Cancer Benefit Rider <input type="checkbox"/> Wellness Benefit Rider <input type="checkbox"/> Other (specify) _____	

Please answer the following questions.

- During the past 12 months, has any Proposed Insured used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Employee: ☐ Yes ☐ No
Spouse: ☐ Yes ☐ No
- During the past 12 months, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- During the past 10 years, has any Proposed Insured had or been advised to have an organ or tissue transplant, or consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of any of the following: disease or disorder of the heart (including heart attack, heart condition, congestive heart failure, heart valve disorder), circulatory system (including peripheral vascular disease, carotid artery disease), liver, lungs (excluding asthma but including emphysema, Chronic Obstructive Lung and Pulmonary Disease), kidneys or pancreas; hepatitis (other than type A); stroke; Transient Ischemic Attack (TIA); insulin dependent diabetes; dementia; Alzheimer's Disease; paralysis; multiple sclerosis; muscular dystrophy; alcohol or drug abuse? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- During the past 6 months, has any Proposed Insured had any blood pressure readings of 160/100 or higher? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- During the past 10 years, has any Proposed Insured needed assistance or personal supervision to perform any activities of daily living (toileting, transferring, continence, eating, bathing, or dressing)? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- If applying for a Benefit Amount above \$30,000: Have any two or more of the Proposed Insured's natural parents or siblings, either living or deceased, ever consulted with or been diagnosed, treated or prescribed medication by a medical professional before the age of 60 for the same condition from the following list: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), kidney disease, stroke, diabetes, cancer or Alzheimer's Disease? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- If applying for the Cancer Rider: During the past 10 years, has any Proposed Insured ever consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for internal cancer, leukemia, lymphoma, Hodgkin's Disease, melanoma, malignant tumors or carcinoma in situ? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- If applying for the Cancer Rider: During the past 12 months, has any Proposed Insured been hospitalized, disabled or advised to have diagnostic tests or any medical or surgical procedures by a medical professional that have not been completed or for which results have not been received? (If YES, please provide details in #9 below.) ☐ Yes ☐ No
- DETAILS: Enter any details from questions #2-8 below. (If additional space is needed, attach a separate sheet of paper.)

Question #	Name (First MI Last)	Relationship to Insured	Date of Condition (MM/DD/YYYY)	Health Condition & Details	Medical Care Providers' Name/Address/Phone
			/ /		
			/ /		



CANCER EXPENSE

Plan	Insured Options	Benefit Options	Riders	Premium Amt
<input type="checkbox"/> Cancer Expense	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Child <input type="checkbox"/> Family	Radiation/Chemotherapy <input type="checkbox"/> \$5,000/\$25,000 <input type="checkbox"/> \$5,000/\$50,000 <input type="checkbox"/> \$10,000/\$50,000 <input type="checkbox"/> \$10,000/\$100,000 Hospital Confinement <input type="checkbox"/> \$150 <input type="checkbox"/> \$250 <input type="checkbox"/> \$350	<input type="checkbox"/> Cancer First Occurrence Benefit Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Intensive Care Unit Benefit Rider <input type="checkbox"/> \$300 <input type="checkbox"/> \$600 <input type="checkbox"/> Specified Disease Benefit Rider <input type="checkbox"/> Other _____	

Please answer the following questions.

1. During the past **10 years**, has any Proposed Insured been advised by a medical professional to have any diagnostic tests related to cancer that have not been completed or for which results have not been received? ☐ Yes ☐ No
 (If YES, please provide details in #7 below.)

*2. During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of, internal cancer, leukemia, Hodgkin's lymphoma (formerly known as Hodgkin's disease), melanoma, malignant tumors or carcinoma in situ? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*3. During the past **5 years**, has any Proposed Insured been treated for or diagnosed with non-melanoma skin cancer? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*4. If applying for the Specified Disease Benefit Rider: During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated or hospitalized by a medical professional for, or had symptoms of, any of the following diseases: Addison's disease, botulism, brucellosis, Budd-Chiari syndrome, cystic fibrosis, diphtheria, encephalitis, histoplasmosis, Legionnaires' disease, Lou Gehrig's disease, systemic lupus erythematosus, malaria, meningitis, multiple sclerosis, muscular dystrophy, myasthenia gravis, osteomyelitis, polio, Q fever, Reye's syndrome, rheumatic fever, Rocky Mountain spotted fever, sickle cell anemia, Tay-Sachs disease, tetanus, toxic shock syndrome, trichinosis, tuberculosis, typhoid fever or whooping cough? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*5. If applying for the Intensive Care Unit Benefit Rider: During the past **10 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder), high blood pressure with reading of 160/100 or higher, stroke or insulin-dependent diabetes? ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

*For person(s) listed, the Elimination and Amendment of Benefits form must be completed and signed by the Primary Proposed Insured.

6. If applying for the Intensive Care Unit Benefit Rider: Are you or any family member applying for coverage currently pregnant? .. ☐ Yes ☐ No
 If YES, identify name(s) of person(s) _____

7. DETAILS: Enter any details from question #1 below. (If additional space is needed, attach a separate sheet of paper.)

Name (First/Middle/Last)	Relationship to Insured	Date of Condition (MM/DD/YYYY)	Health Condition & Details	Medical Care Providers' Name/Address/Phone
		/ /		
		/ /		
		/ /		



HOSPITAL INDEMNITY

Plan	Insured Options	Riders	
<input type="checkbox"/> Hospital Indemnity	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Family <input type="checkbox"/> Employee/Child	<input type="checkbox"/> AD&D Benefit Rider Employee \$ _____ Spouse \$ _____ <input type="checkbox"/> Critical Illness Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Diagnostic Benefit Rider <input type="checkbox"/> Emergency Accident Benefit Rider <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200	<input type="checkbox"/> First Hospital Admission Benefit Rider <input type="checkbox"/> Intensive Care Unit Benefit Rider \$ _____ <input type="checkbox"/> Outpatient Sickness Benefit Rider <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Private Duty Nurse Benefit Rider <input type="checkbox"/> Surgical/Anesthesia Benefit Rider \$ _____ <input type="checkbox"/> Wellness Benefit Rider <input type="checkbox"/> Other (specify) _____
Benefit Options Daily Benefit Amount \$ _____ Benefit Period <input type="checkbox"/> 180 days <input type="checkbox"/> 365 days Sickness Elimination <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days			
Premium Amount (indicate amount and frequency) \$ _____			

Please answer the following questions.

1. Currently or during the past **12 months**, has any Proposed Insured:
- a. Been hospitalized two or more times? ☐ Yes ☐ No
 - b. Been hospitalized for five or more days? ☐ Yes ☐ No
 - c. Been advised by a medical professional to be hospitalized? ☐ Yes ☐ No
 - d. Been advised by a medical professional to have any medical or surgical procedures or diagnostic tests performed that have not been completed or for which results have not been received? ☐ Yes ☐ No
 - e. Been undergoing evaluation following abnormal test results? ☐ Yes ☐ No

If YES to any of the above, please indicate which Proposed Insured(s) _____

2. During the past **12 months**, has any Proposed Insured been hospitalized or received emergency treatment for any of the following:
- a. Asthma, chronic obstructive pulmonary disease (COPD) or emphysema? ☐ Yes ☐ No
 - b. Liver disease or disorder (excluding hepatitis A)? ☐ Yes ☐ No
 - c. Parkinson's disease? ☐ Yes ☐ No
 - d. Anemia? ☐ Yes ☐ No
 - e. Drug or alcohol abuse? ☐ Yes ☐ No

If YES to any of the above, please indicate which Proposed Insured(s) _____

3. During the past **3 years**, has any Proposed Insured been hospitalized or received emergency treatment for any of the following:
- a. Angina (heart-related chest pain), heart attack, heart surgery, arrhythmia with pacemaker or congestive heart failure? ☐ Yes ☐ No
 - b. Cerebral vascular insufficiency, peripheral vascular disease, stroke or transient ischemic attack (TIA/mini-stroke)? ☐ Yes ☐ No
 - c. Crohn's disease or ulcerative colitis? ☐ Yes ☐ No
 - d. Multiple sclerosis? ☐ Yes ☐ No

If YES to any of the above, please indicate which Proposed Insured(s) _____

4. During the past **5 years**, has any Proposed Insured been diagnosed with or treated for internal cancer or any malignancy, including but not limited to, carcinoma, sarcoma, malignant melanoma, Hodgkin's disease, leukemia, lymphoma or malignant tumor? (For this question only, cancer does not include basal cell or squamous cell carcinoma.) ☐ Yes ☐ No

If YES, please indicate which Proposed Insured(s) _____

5. Has any Proposed Insured **ever** been diagnosed with or received treatment by a medical professional for:
- a. Kidney disease (excluding kidney stones or urinary tract disorders)? ☐ Yes ☐ No
 - b. Uncorrected congenital heart defect (excluding mitral valve prolapse)? ☐ Yes ☐ No
 - c. Cystic fibrosis or muscular dystrophy? ☐ Yes ☐ No
 - d. Systemic lupus or any other autoimmune disease? ☐ Yes ☐ No
 - e. Insulin-dependent diabetes diagnosed prior to age 30 or diabetes with complications, including but not limited to, retinopathy, neuropath or nephropathy? ☐ Yes ☐ No
 - f. Senile dementia or Alzheimer's disease? ☐ Yes ☐ No
 - g. An organ transplant or the potential need for an organ transplant? ☐ Yes ☐ No

If YES to any of the above, please indicate which Proposed Insured(s) _____

If any items in question 1-5 are answered YES, the indicated Proposed Insured will not be covered under this policy or any rider.

Question 6 MUST be answered in all cases if applying for the Critical Illness Rider.

6. **If applying for the Critical Illness Rider:** During the past **10 years**, has any Proposed Insured been diagnosed, treated, hospitalized or prescribed medication by a medical professional for, or had symptoms of, any of the following: disease or disorder of the heart (including heart attack, heart condition, heart valve disorder, congestive heart failure) or circulatory system; stroke; transient ischemic attack (TIA); peripheral vascular disease; carotid artery disease; insulin dependent diabetes; internal cancer; leukemia; lymphoma; Hodgkin's disease; melanoma; malignant tumors or carcinoma in situ? ☐ Yes ☐ No

If YES to any of the above, please indicate which Proposed Insured(s) _____



Primary Proposed Insured's Agreement

I have read the answers and statements written in this application, and represent each and all of them to be true and complete to the best of my knowledge and belief. In the absence of fraud, my answers in this application shall be deemed representations and not warranties. I agree that a copy of this application and any supplement shall be attached to and form a part of any policy issued. Acceptance of any insurance policy issued on this application as evidenced by the payment of premiums, will constitute a ratification of any corrections or additions to the application noted by Assurity in the space headed "HOME OFFICE CORRECTIONS OR ADDITIONS ONLY" for administrative purposes. A photocopy of the amended application attached to the policy will be sufficient notice to me of such corrections or additions.

The insurance applied for shall be in force as of the policy issue date as shown on the policy schedule and not the date the application is signed. I understand that any premiums deducted before the issue date of the policy(ies) are pre-paid premiums and will be applied to coverage beginning on the issue date. If the policy(ies) is(are) not issued, Assurity will refund any premium deductions it receives.

Any person to be covered for specified disease may not be covered by any Medicaid program.

HOME OFFICE CORRECTIONS AND ADDITIONS ONLY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Issue Date _____

Signed at _____ on _____
(City / State) (Date MM/DD/YYYY)

Primary Proposed Insured's Signature _____

Payor's Signature (for Term Life only) _____

Agent's Statement and Agreement

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured. The Proposed Insured has read the completed application, or has had the completed application read to them. I also certify that this insurance ☐ does ☐ does not replace or change any existing life, health or annuity coverage.

Agent's Printed Name _____ Agent No. _____ Agent's Telephone No. _____

Agent's Signature _____ on _____
(Date MM/DD/YYYY)

Group No. _____



Primary Proposed Insured Name _____

ELIMINATION AND AMENDMENT OF BENEFITS

RIDER ISSUE DATE (same as Policy Issue Date if no date shown) _____

In consideration of the issuance of the Policy to which this Rider is attached, it is hereby understood and agreed that the persons named in the application as having a condition listed below prior to the date the application was signed, are excluded from coverage as indicated below:

Elimination of Benefits

- a. Skin Cancer Assurity Life Insurance Company will not be liable for any loss resulting from skin cancer affecting _____
Name(s)
for a period of 2 years from the Rider Issue Date. Coverage for anyone excluded under this section is limited to loss resulting from any cancer other than skin cancer.
- b. Specified Diseases Rider Assurity Life Insurance Company will not be liable for any loss resulting from _____
Specified Disease(s)
affecting _____,
Name(s)
which is excluded from coverage for the named Specified Disease(s).
- c. Intensive Care Unit Rider Assurity Life Insurance Company will not be liable for any benefits under the Intensive Care Unit Rider for _____
Name(s)
for loss resulting from any disease or disorder of the heart, stroke or diabetes. Furthermore, the intensive care benefits for such person will be limited to 3 days in connection with any one period of confinement for any other injuries or sickness, not the 30 days as stated in the Intensive Care Unit Rider.

Amendment of Benefits

- d. All Cancers including malignant melanomas and carcinoma in situ Assurity Life Insurance Company is amending coverage to show _____
Name(s)
is excluded from coverage under this policy and any attached riders.

Amendment of Benefits for All Other Plans

- e. Removal of an Individual Assurity Life Insurance Company is amending coverage to show _____
Name(s)
is excluded from coverage under this policy and any attached riders
- f. Removal of a Benefit Rider Assurity Life Insurance Company is amending coverage to show that no benefits are available under _____
Rider Name and Form Number
for _____
Name(s)

Accepted by _____ on _____
Primary Proposed Insured (Employee) (Date MM/DD/YYYY)



<i>SERFF Tracking Number:</i>	<i>SEFL-126291862</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43447</i>
<i>Company Tracking Number:</i>	<i>CANCER+</i>		
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002A Dread Disease - Cancer Only</i>
<i>Product Name:</i>	<i>CANCER+</i>		
<i>Project Name/Number:</i>	<i>CANCER+/CANCER+</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/02/2009	Form	Cancer Expense Policy	09/30/2009	AR W C240 Policy.pdf (Superceded)
09/02/2009	Form	Outline of Coverage	09/30/2009	AR OC-W C240.pdf (Superceded)



This is a legal contract between You (the primary Insured Person) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and first premium. We agree to pay this policy's benefits to You if an Insured Person incurs expenses covered by this policy while it is in force and after this policy's provisions have been met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the rider.

RENEWAL

This policy is guaranteed renewable for life. That means as long as You pay premiums when due, We cannot cancel or change this policy. We can, however, change the premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all policies in Your class. You will be given 31 days notice by mail prior to any premium change.

RIGHT TO CANCEL

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as You deliver or mail this policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy. After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled as of the end of the period for which premiums have been paid at the time Your written notice is received by Us unless Your notice specifies a later date. Cancellation of this policy will be without prejudice to any claim made prior to the termination of this policy.

Assurity Life Insurance Company has signed this policy on the Issue Date.

[President's Signature]
President

[Secretary's Signature]
Secretary

**Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (800) 869-0355**

CANCER EXPENSE POLICY

**Guaranteed Renewable for Life
Company may change premium rates**

CAUTION: This is a limited policy. Read it carefully with the outline of coverage.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the Company.

Representative Name:
Address:
Telephone:

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POLICY SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
W C240 (AR)	Cancer Expense Policy	\$[472.78]
R WC241	Intensive Care Unit Benefit Rider	\$[91.33]
R WC242	Cancer First Occurrence Benefit Rider	\$[40.50]
R WC243	Specified Disease Benefit Rider	\$[8.43]

Insured Person(s)
[John Doe] (primary)
[Jane Doe]
[Jamie Doe]
[Jason Doe]
[Jenny Doe]
[Jake Doe]
[Jackie Doe]
[Jerome Doe]
[Jackson Doe]

Issue Age(s)
[45]
[43]
[14]
[12]
[10]
[8]
[6]
[4]
[2]

Policy Number: [1234567890]
Issue Date: [August 11, 2009]
Modal Premium: \$[51.09]
Premium Period: [1 month]

DEFINITIONS

Adult Companion means anyone 18 years of age or older.

Calendar Month means the period of time that begins on the first day of each month and ends on the last day of the same month.

Calendar Year means the period of time that begins on January 1 and ends on December 31 of the same year.

Cancer means a disease which is manifested by the presence of a malignancy characterized by the uncontrolled and abnormal growth and spread of malignant cells in any part of the body. This includes Hodgkin's Disease, leukemia, lymphoma, carcinoma, sarcoma, malignant tumor or melanoma which is a tumor arising from the melanocytic system of the skin and other organs. It does not include non-melanoma skin Cancer or other conditions which may be considered precancerous or premalignant potential, such as leukoplakia, carcinoid, hyperplasia, polycythemia, moles, or similar diseases or lesions. However, this policy does provide limited screening and surgical benefits for non-melanoma skin Cancer.

Chemotherapy means U.S. Food and Drug Administration (FDA) approved cytotoxic chemical substances used for the destruction of cancerous tissue. Chemotherapy does not include Supportive and Protective Care Drugs.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined/Confinement means the assignment to a bed as a resident inpatient in a Hospital or an observation unit within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Dependent Child(ren) means any natural child, step-child, legally adopted child or child placed into Your custody for adoption who: (a) is unmarried; (b) is living with You in a regular parent child relationship; (c) qualified as a dependent of You or Your Spouse for tax purposes according to the United States Internal Revenue Code; and (d) is younger than age 25.

Employee means the person named in the Policy Schedule as the primary Insured Person. An Employee must work for pay at least 30 hours per week.

Foster Child means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

Hormone Therapy means U.S. Food and Drug Administration (FDA) approved chemical substances which are used for Cancer treatment to:

- modify, alter or destroy cells that regulate hormone functions in the body;
- prevent cell division and growth of hormone dependent tumors; or
- neutralize and/or inhibit the production of the body's natural hormones which are used by hormone dependent tumors.

Hormone Therapy does not include Supportive and Protective Care Drugs.

Hospital means a primary care medical facility operated pursuant to law. The Hospital has organized facilities to provide first level treatment of sick and injured persons on an inpatient basis for which a charge is made. Organized facilities include emergency services, admissions services, clinical laboratory, diagnostic X-ray and an operating room.

Treatment facilities for emergency, medical and surgical services must be provided within the Hospital. The Hospital must provide 24 hour nursing services by or under the supervision of a RN (registered nurse), and be supervised by a staff of one or more Physicians. The Hospital also maintains on its premises the patient's written history and medical records.

Not included as a Hospital is an institution or part of such Hospital or institution which is licensed or used principally as: (a) a hospice unit (including any beds designated as a hospice bed); (b) a swing bed; (c) a convalescent home; (d) a rest or nursing facility; (e) a skilled nursing facility; (f) a psychiatric unit; (g) a rehabilitation unit or facility; or (h) a facility which primarily cares for the aged, drug addicts or alcoholics.

Immediate Family means the Spouse, father, mother, children or siblings of any Insured Person.

Immunotherapy means therapy which stimulates the normal immune system to kill tumor cells.

Insured Person means You or any other person(s) insured for the benefits of this policy.

Issue Date means the date this policy was issued as shown on the Policy Schedule.

Medically Necessary means that which is (a) prescribed by a Physician; (b) considered to be necessary and appropriate for the diagnosis and treatment of the condition; and (c) commonly accepted as proper care or treatment of the condition. Medically Necessary care does not include care (a) provided only as a convenience to the Insured Person or provider; and (b) in excess (in scope, duration, or intensity) of that level of care which is needed to provide safe, adequate and appropriate diagnosis and treatment. The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Pre-existing Condition means a sickness or physical condition for which, during the 12 months before the Issue Date, the Insured Person:

- had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment; or
- received medical consultation, advice or treatment from a Physician or had taken prescribed medication.

Radiation Treatment means teleradio therapy using either natural or artificial propagated ionizing radiation or interstitial or intracavity application of radium or radioactive isotope in sealed or non-sealed sources. Radiation Treatment includes charges for Radiation Treatment delivery only and does not include charges for clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices, special services or supplies.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Spouse means the person to whom You are lawfully married and, if also an Insured Person under this policy, was named on Your application for this policy as Your Spouse at the time You first applied for this policy, or who was added to this policy at a later date. You may never have more than one Spouse insured under this policy at any given time.

Supportive and Protective Care Drugs means drugs prescribed by a Physician that do not have a direct cancericidal effect but serve to:

- protect and support the body from side effects associated with Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy; or
- enhance or modify the Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy; or
- be used for pain control for pain resulting from Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy.

Urgent Care Facility means a free-standing facility, which is not part of a Hospital, or Hospital Emergency Room, which provides care on an urgent basis.

Usual and Normal means charges for eligible medical services or supplies for which You are legally liable and which do not exceed the average rate charged for the same or similar services or supplies in the geographic region where the services or supplies are received. Usual and Normal charges are determined by referencing the 50th percentile (midpoint) of the most current survey published for such services or supplies.

Waiting Period means the number of days following the Issue Date or last Reinstatement Date.

We, Us, or Our means Assurity Life Insurance Company.

You or Your means the primary Insured Person listed on the Policy Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the first premium are renewal premiums. We may change the renewal premiums as provided on Page 1.

The date renewal premiums are due is called the due date. Except as provided under the grace period, this policy will lapse if a renewal premium is not paid by the next due date. All premiums are considered paid when they are received at Our administrative office.

Grace Period. Your premium must be paid on or before the due date or during the 31-day grace period that follows the due date. This policy stays in force during this time. The grace period does not apply if You request termination of this policy.

Reinstatement. If You do not pay Your premium by the end of the grace period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within one year of the lapse in writing to Our administrative office. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due. This policy will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this policy will be reinstated without approval 45 days after You apply for reinstatement.

The reinstated policy shall cover losses that begin more than 10 days after the Reinstatement Date.

Refund of Unearned Premium. If this policy terminates due to Your death, We will refund, on a pro-rata basis, the portion of any premiums paid which were applied to periods following the date of Your death.

BENEFITS

This policy will pay the following benefits for the Medically Necessary treatment of Cancer. The limits and maximums for the benefits are per Insured Person.

Additional Surgical Opinions. We will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion for an Insured Person. Second surgical opinion means an evaluation of the need for surgery by a second Physician. If the second surgical opinion differs from the first, We will pay the actual charges incurred up to a maximum of \$200 for a third surgical opinion. Third surgical opinion means the evaluation by a third Physician if the opinions of the first two Physicians are in conflict. Additional surgical opinions must be obtained from a Physician not in practice with the Physician rendering the original recommendation.

You may use this benefit at Your discretion. Other benefits in this policy will not be affected by Your decision. This benefit is payable only after a positive diagnosis of Cancer has been made and only once for each cancerous condition. Second or third surgical opinions must be received before surgery is performed. This benefit is not payable for non-melanoma skin Cancer or reconstructive surgery. We require that You send us the initial surgical opinion in addition to the second or third surgical opinion.

Adult Companion Lodging and Transportation. We will pay You the following expenses for one Adult Companion to be near You or an Insured Person when You or such Insured Person is Confined in a non-local Hospital for specialized covered treatment prescribed by a Physician as Medically Necessary:

- the actual charges incurred up to \$40 per day for lodging incurred by the Adult Companion when staying at a hotel, motel or other accommodations acceptable to Us;
- the actual charges incurred up to \$15 per day for meals incurred by the Adult Companion; and
- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the Adult Companion lives. Mileage will be measured from the Adult Companion's residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

This benefit is not payable for lodging occurring more than 24 hours prior to treatment nor for lodging occurring more than 24 hours following treatment. This benefit will not be paid for visits when an Insured Person receives non-covered treatments or periodic check-ups.

Ambulance. We will pay the actual charges incurred up to \$200 per trip if a licensed professional ambulance company transports an Insured Person to or from a Hospital or between medical facilities where the Insured Person is Confined for Cancer treatment. This benefit is limited to two trips per Confinement.

Anesthesia. If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay actual charges incurred up to 25% of the Surgical Benefit.

Blood and Blood Plasma. We will pay the actual charges incurred up to \$150 per day for an Insured Person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to Cancer. This benefit is not payable for clerical, storage, and administration expenses associated with blood and blood plasma. There is a maximum of \$5,000 per Calendar Year for this benefit.

This benefit does not pay for immunoglobulins, immunotherapy or colony-stimulating factors.

Bone Marrow Transplant for Cancer. We will pay the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies. If the actual charges are less than \$10,000, We will pay the difference to Your donor after benefits of the Insured Person have been paid. Related services and supplies include chemotherapy and/or radiation therapy when supported by allogeneic or autologous bone marrow or stem cell transplants. This benefit will pay for immunoglobulins, immunotherapy or colony-stimulating factors.

Included in the lifetime maximum are those covered charges beginning on the date of harvest through follow-up care for six months post transplantation.

Cancer Screening Test(s). We will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per Calendar Year. Benefits are not payable for tests performed within the 30-day Waiting Period.

- biopsy for skin Cancer;
- CA 125 (blood test for ovarian Cancer);
- CEA (blood test for colon Cancer);
- chest x-ray;
- colonoscopy;
- flexible sigmoidoscopy;
- hemocult stool specimen;
- mammography screening;
- pap smear (test only);
- PSA (blood test for prostate Cancer);
- serum protein electrophoresis; or
- thermography.

Durable Medical Equipment – Rental or Purchase. Upon proof of Your Physician's recommendation, We will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year:

- brace;
- crutches;
- hospital bed;
- respirator or similar mechanical device; or
- wheel chair.

Experimental Treatment. We will pay the actual charges incurred up to \$4,000 per Calendar Year for experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Extended Benefits. If an Insured Person is continuously Confined in a Hospital for treatment of Cancer for more than 75 consecutive days, We will pay the actual charges incurred up to the minimum of the Usual and Normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines;
- Hospital room and board;
- tests; and
- other Medically Necessary Hospital charges.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under this Extended Benefits provision.

Government or Charity Hospital Confinement. We will pay \$200 per day, up to 75 consecutive days, for an Insured Person Confined for treatment of Cancer in:

- a hospital operated by or for the United States Government (including Veteran's Administration); or
- a hospital that does not charge for the services it provides (charity).

If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

Hairpiece. We will pay a one-time benefit of the actual charges incurred up to \$150 for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay the actual charges incurred up to \$100 per day for services provided at home, not to exceed a maximum of 60 days per Calendar Year when an Insured Person is provided services by a licensed home health care agency. Such care must be prescribed by a Physician and begin within seven days of release from a covered Hospital Confinement. The care cannot be provided by an Immediate Family member. This benefit will not be payable on the same day that Hospice Care is payable.

Hospice Care. We will pay the actual charges incurred up to \$100 per day for care provided by a hospice if an Insured Person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Hospital Confinement. We will pay \$[150] per day, up to 75 consecutive days, of Hospital Confinement for an Insured Person's treatment of Cancer.

Periods of Confinement separated by more than 30 days shall not be considered consecutive days for the purpose of eligibility under this Hospital Confinement provision.

This benefit is not payable for Government or Charity Hospital Confinements.

Outpatient Surgery. We will pay a benefit equal to the daily Hospital Confinement benefit for an Insured Person's outpatient surgery due to Cancer in a Hospital or ambulatory surgical center. This benefit is not payable for surgery in a Physician's office or clinic and is not available for non-melanoma skin Cancer treatment.

Physician's Attendance. We will pay the actual charges incurred up to \$35 per day for in-Hospital visits from Your Physician. This benefit does not include visits from a surgeon.

Private Duty Nursing Service. We will pay the actual charges incurred up to \$100 per day for private duty nursing care and attendance by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer. Such care must be required and authorized by a Physician and not provided by an Immediate Family member. This benefit is payable for a Calendar Year maximum of 60 days.

Positive Diagnosis Test. We will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

Prosthesis. We will pay the actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

Prosthesis – Breast. We will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to Cancer as a direct result of surgery for Cancer treatment.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay 50% of the actual charges incurred up to the Calendar Month maximum of \$[5,000] and lifetime maximum of \$[25,000] for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician; or
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

We will also pay for actual charges incurred up to a maximum of \$500 per Calendar Year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

Skin Cancer (Non-Melanoma). We will pay the actual charges incurred up to \$100 for the removal of non-melanoma skin Cancer when the diagnosis is made by a Physician. This benefit is limited to two procedures per Calendar Year.

Surgical. For the treatment of, removal of, or destruction of Cancer, We will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the surgical benefit amounts, but not both.

The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office.

SURGICAL BENEFITS SCHEDULE

CPT Code	Description	Benefit
SKIN (MELANOMA ONLY)		
17304	Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (e.g., hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens	\$900
17311	Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks	\$900

INTEGUMENTARY SYSTEM REPAIR		
14040	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	\$1,200
14041	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	\$1,600
BREAST		
19100	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)	\$250
19101	Biopsy of breast; open, incisional	\$550
19120	Excision of cyst, fibroadenoma, or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions	\$750
19160	Mastectomy, partial	\$700
19180	Mastectomy, simple, complete	\$1,000
19200	Mastectomy, radical	\$1700
19240	Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle	\$1800
MUSCULOSKELETAL SYSTEM		
21031	Excision of torus mandibularis	\$600
21550	Biopsy, soft tissue of neck or thorax	\$400
RESPIRATORY SYSTEM		
31300	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	\$2,050
31360	Laryngectomy; total, without radical neck dissection	\$2,400
31365	Laryngectomy; total, with radical neck dissection	\$3,150
31505	Laryngoscopy, indirect; diagnostic (separate procedure)	\$150
31622	Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)	\$400
32000	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	\$300
32100	Thoracotomy, major; with exploration and biopsy	\$1,700
32405	Biopsy lung or mediastinum	\$200
32440	Removal of lung, total pneumonectomy	\$2,800
32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	\$2,650
32500	Removal of lung, other than total pneumonectomy; wedge resection, single or multiple	\$2,550
LYMPHATIC		
38100	Splenectomy; total (separate procedure)	\$1,550
38500	Biopsy or excision of lymph node(s); open, superficial	\$550
38505	Biopsy or excision of lymph node(s); by needle, superficial (e.g., cervical, inguinal, axillary)	\$200
38510	Biopsy or excision of lymph node(s); open, deep cervical node(s)	\$700
38520	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad	\$800
38525	Biopsy or excision of lymph node(s); open, deep axillary node(s)	\$700
MEDIASTINUM		
39400	Mediastinoscopy, with or without biopsy	\$750

DIGESTIVE SYSTEM

41100	Biopsy of tongue; anterior two-thirds	\$300
41105	Biopsy of tongue; posterior one-third	\$250
41108	Biopsy of floor of mouth	\$200
41130	Glossectomy; hemiglossectomy	\$1,900
42120	Resection of palate or extensive resection of lesion	\$1,250
42410	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection	\$1,100
42440	Excision of submandibular (submaxillary) gland	\$850
42450	Excision of sublingual gland	\$750
43202	Esophagoscopy, rigid or flexible; with biopsy, single or multiple	\$500
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	\$600
43631	Gastrectomy, partial, distal; with gastroduodenostomy	\$2,350
43632	Gastrectomy, partial, distal; with gastrojejunostomy	\$2,350
43830	Gastrostomy, open; without construction of gastric tube (e.g., Stamm procedure) (separate procedure)	\$1,050
44120	Enterectomy, resection of small intestine; single resection and anastomosis	\$1,800
44140	Colectomy, partial; with anastomosis	\$2,200
44141	Colectomy, partial; with skin level cecostomy or colostomy	\$2,150
44143	Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)	\$2,500
44144	Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula	\$2,300
44145	Colectomy, partial; with coloproctostomy (low pelvic anastomosis)	\$2,750
44146	Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy	\$2,950
44150	Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy	\$2,650
44153	Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy	\$3,300
44155	Colectomy, total, abdominal, with proctectomy; with ileostomy	\$3,000
44160	Colectomy, partial, with removal of terminal ileum with ileocolostomy	\$1,950
44320	Colostomy or skin level cecostomy; (separate procedure)	\$1,850
44361	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple	\$300
44389	Colonoscopy through stoma; with biopsy, single or multiple	\$300
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple, with or without biopsy	\$350
47120	Hepatectomy, resection of liver; partial lobectomy	\$3,750
48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	\$2,400
48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy	\$5,000

URINARY SYSTEM

50200	Renal biopsy; percutaneous, by trocar or needle	\$300
50220	Nephrectomy, including partial ureterectomy, any open approach including rib resection	\$1,750
51550	Cystectomy, partial; simple	\$1,600
52007	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis	\$300

52204	Cystourethroscopy, with biopsy	\$1,150
52500	Transurethral resection of bladder neck (separate procedure)	\$900
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration, and/or dilation, and internal urethrotomy are included)	\$1,250
MALE GENITAL SYSTEM		
54100	Biopsy of penis; (separate procedure)	\$350
54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	\$600
55700	Biopsy, prostate; needle or punch, single or multiple, any approach	\$400
55810	Prostatectomy, perineal radical	\$2,250
FEMALE GENITAL SYSTEM		
56620	Vulvectomy simple; partial	\$900
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	\$250
58150	Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)	\$1,650
58900	Biopsy of ovary, unilateral or bilateral (separate procedure)	\$700
58952	Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking	\$2,700
ENDOCRINE SYSTEM		
60100	Biopsy thyroid, percutaneous core needle	\$200
60240	Thyroidectomy, total or complete	\$1,750
NERVOUS SYSTEM		
61500	Craniectomy; with excision of tumor or other bone lesion of skull	\$2,200
61510	Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma	\$3,550

Transportation. If treatment covered by this policy for the purpose of modification or destruction of cancerous tissue prescribed by a Physician as Medically Necessary is not available locally (within 50 miles of the Insured Person's residence), We will pay the following expenses for an Insured Person requiring non-local treatment under this policy:

- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment,; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where You live. Mileage will be measured from Your residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

LIMITATIONS

Pre-existing Conditions. We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after coverage has been in force for 12 months from the Issue Date.

Waiting Period. Charges incurred during the first 30 days of coverage are not eligible for payment.

EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- injuries;
- noncancerous sickness;
- any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;
- expenses that are incurred prior to the Issue Date regardless of the date of positive diagnosis; or
- care, and/or treatment received outside the United States.

INSURED PERSON

Persons Eligible on the Issue Date. The only people eligible for coverage on the Issue Date are:

- Employee
- Spouse
- Dependent Child(ren)

Only the Insured Persons listed on the Policy Schedule or by amendment are covered by this policy.

Persons Who Become Eligible after the Issue Date.

Automatic Coverage. A Dependent Child born to You or, if under age 25, adopted by You, placed for adoption with You or placed as a Foster Child with You shall become an Insured Person from the moment of birth, adoption, placement for adoption or placement as a Foster Child, if and only if written notice is received by Us and a premium is paid for such Dependent Child within 90 days of birth or before the next premium due date whichever is later, or within 60 days of adoption, placement for adoption or placement as a Foster Child. The required written notice must include the child's name, gender and date of birth, adoption or placement with You.

Except as provided above, any others who become eligible after the Issue Date can only become Insured Persons after:

- We approve such eligible person's written application for coverage; and
- all required premiums are paid.

Termination of Coverage. Coverage for Dependent Children will terminate when any such child no longer meets the definition of Dependent Children. Coverage for any Spouse will terminate when such Spouse no longer meets the definition of Spouse.

The attainment of the limiting age for an Eligible Dependent Child will not cause coverage to terminate while such child continues to be both:

- incapable of self-sustaining employment by reason of mental retardation or physical handicap; and
- chiefly dependent on You for support and maintenance. For the purpose of this provision "Chiefly Dependent" means the Eligible Dependent Child receives the majority of his or her financial support from You.

We will require that You provide proof that the dependent is in fact a disabled and dependent person within 31 days of the child's attainment of the limiting age, and thereafter We may require such proof not more frequently than annually after the two-year period following the dependent's attainment of the limiting age. In the absence of such proof We, may terminate the coverage of such dependent after the attainment of the limiting age.

It is Your responsibility to notify Us of any Insured Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person, and Our sole liability will be limited to a refund of any premium overpayment.

Continuation of Coverage. If this is a policy that includes coverage for Your Spouse and You die, Your Spouse can keep this policy in force with timely payment of due premiums. Your Spouse must notify Us in writing within 60 days after Your death to continue coverage and begin paying premiums.

TERMINATION

Coverage will terminate and no benefits will be payable under this policy or any attached riders on the earliest of the following:

- when any premium due for this policy is not paid before the end of the grace period;
- the date We receive Your written request at Our administrative office to terminate coverage unless Your request specifies a later date; or
- upon Your death, except as described under Continuation of Coverage.

CLAIMS PROCEDURE

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after the loss covered by this policy starts. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name and policy number as shown on the Policy Schedule and the name of the Insured Person, if different.

Claim Forms. When We receive the notice of claim, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 calendar days, it shall be deemed that You met the proof of loss requirement by giving Us a written statement of the cause, nature and extent of the loss within the time limit as provided under the proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time of loss unless You were legally incapacitated.

Time of Payment of Claims. Benefits for any loss covered by this policy will be paid immediately after proper written proof is received.

Payment of Claims. At the time of claim payment, any premium then due and unpaid may be deducted by Us from the claim payment. Benefits will be paid to You, if living, otherwise to Your Beneficiary. If a Beneficiary is not named, any benefits will be payable to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Assignment. You can transfer, or assign, some or all of Your policy rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this policy, nor are We bound by any assignment until We receive a copy of the assignment at Our administrative office.

Change of Beneficiary. The beneficiary is named in the application or later endorsement. You may change the beneficiary by completing and signing a form provided by Us for changing a beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgement of the beneficiary change.

Conformity with State Statutes. The law of Your state of residence on the Issue Date applies. If this policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Entire Contract; Changes. The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed on and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this policy for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of an Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to an Insured Person's correct age, the coverage provided by this policy would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible, shall be limited to the refund, upon written request to Our administrative office, of all premiums paid for such period.

Periods of Time. All periods of time shown in this policy begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable during the pending of a claim and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time of Coverage. Coverage starts on this policy's Issue Date at 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. of the same standard time zone on the renewal date, subject to the grace period. This policy may be renewed only as stated in the Renewal section. Each time this policy is renewed, the new term begins when the old term ends.

Time Limit on Certain Defenses. After three years from the Issue Date of this policy, We cannot use misstatements, except fraudulent misstatements, in Your application to void coverage or deny a claim for loss that happens after the three-year period.

After three years from Your last Reinstatement Date, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Issue Date of this policy, shall be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the Issue Date of coverage of this policy.

CANCER EXPENSE POLICY

**Guaranteed Renewable for Life
Company may change premium rates**

READ YOUR POLICY CAREFULLY

ASSURITY LIFE INSURANCE COMPANY
P.O. Box 82533 Lincoln, Nebraska 68501-2533
(800) 869-0355

CANCER EXPENSE POLICY
OUTLINE OF COVERAGE

This policy IS NOT A MEDICARE SUPPLEMENT POLICY.

- A. READ YOUR POLICY CAREFULLY!** This Outline of Coverage provides a very brief description of the important features of Your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both You and Us. It is, therefore, important that You **READ YOUR POLICY CAREFULLY.**
- B.** Cancer Expense coverage is designed to provide benefits if an Insured Person incurs certain expenses due to Cancer. Coverage is provided for the benefits described in the BENEFITS section below. The benefits described may be limited as outlined in the LIMITATIONS and EXCLUSIONS sections.
- C. BENEFITS**

Additional Surgical Opinions. We will pay the actual charges incurred up to a maximum of \$200 for a second surgical opinion for an Insured Person. If the second surgical opinion differs from the first, We will pay the actual charges incurred up to a maximum of \$200 for a third surgical opinion. This benefit is payable only after a positive diagnosis of Cancer has been made and only once for each cancerous condition. This benefit is not payable for non-melanoma skin Cancer or reconstructive surgery.

Adult Companion Lodging and Transportation. We will pay the following expenses for one Adult Companion to be near You or an Insured Person when You or such Insured Person is Confined in a non-local Hospital for specialized covered treatment:

- the actual charges incurred up to \$40 per day for lodging incurred by the Adult Companion when staying at a hotel, motel or other accommodations acceptable to Us;
- the actual charges incurred up to \$15 per day for meals incurred by the Adult Companion; and
- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where the Adult Companion lives. Mileage will be measured from the Adult Companion's residence to the facility where the treatment is administered.

This benefit is limited to two trips per Calendar Year.

Ambulance. We will pay the actual charges incurred up to \$200 per trip if a licensed professional ambulance company transports an Insured Person to or from a Hospital or between medical facilities where the Insured Person is Confined for Cancer treatment. This benefit is limited to two trips per Confinement.

Anesthesia. If a Surgical Benefit is paid and charges are made by a Physician for anesthesia administered in connection with such surgical procedure, We will pay actual charges incurred up to 25% of the Surgical Benefit.

Blood and Blood Plasma. We will pay the actual charges incurred up to \$150 per day for an Insured Person requiring the transfusion, administration, cross-matching, typing and processing of blood and blood plasma due to Cancer. There is a maximum of \$5,000 per Calendar Year for this benefit.

Bone Marrow Transplant for Cancer. We will pay the actual charges incurred up to a lifetime maximum of \$10,000 for bone marrow transplants or other forms of stem cell rescue (not to include any payments for donor expenses) and all related services and supplies.

Cancer Screening Test(s). We will pay the sum of the actual charges incurred for the following tests up to a maximum of \$100 per Calendar Year. Benefits are not payable for test performed within the 30-day Waiting Period.

- biopsy for skin Cancer
- CA 125 (blood test for ovarian Cancer)
- CEA (blood test for colon Cancer)
- chest x-ray
- colonoscopy
- flexible sigmoidoscopy
- hemocult stool specimen
- mammography screening
- pap smear (test only)
- PSA (blood test for prostate Cancer)
- serum protein electrophoresis
- thermography

Durable Medical Equipment – Rental or Purchase. Upon proof of Your Physician's recommendation, We will pay the sum of the actual charges incurred for the rental or purchase of the following pieces of durable medical equipment up to \$1,000 per Calendar Year.

- brace
- crutches
- hospital bed
- respirator or similar mechanical device
- wheel chair

Experimental Treatment. We will pay the actual charges incurred up to \$4,000 per Calendar Year for experimental treatment for the purpose of modification or destruction of cancerous tissue that is approved by the Federal Drug Administration (FDA), National Cancer Institute (NCI) or American Cancer Society (ACS).

Extended Benefits. If an Insured Person is continuously Confined in a Hospital for treatment of Cancer for more than 75 consecutive days, We will pay the actual charges incurred up to the minimum of the Usual and Normal charges or \$1,000 per day, beginning on the 76th day for:

- drugs and medicines
- Hospital room and board
- tests
- other Medically Necessary Hospital charges

Government or Charity Hospital Confinement. We will pay \$200 per day, up to 75 consecutive days, for an Insured Person Confined for treatment of Cancer in:

- a hospital operated by or for the United States Government (including Veteran's Administration); or
- a hospital that does not charge for the services it provides (charity).

If this benefit is payable, no other benefits will be paid for the same time period and covered condition.

Hairpiece. We will pay a one-time benefit of the actual charges incurred up to \$150 for a hairpiece when hair loss is the result of Cancer treatment.

Home Health Care Services. We will pay the actual charges incurred up to \$100 per day for services provided at home, not to exceed a maximum of 60 days per Calendar Year when an Insured Person is provided services by a licensed home health care agency. Such care must be prescribed by a Physician and begin within seven days of release from a covered Hospital Confinement. The care cannot be provided by an Immediate Family member. This benefit will not be payable on the same day that Hospice Care is payable.

Hospice Care. We will pay the actual charges incurred up to \$100 per day for care provided by a hospice if an Insured Person has been diagnosed as terminally ill. This benefit is payable for a lifetime maximum of 120 days.

Hospital Confinement. We will pay a daily benefit, up to 75 consecutive days, of Hospital Confinement for an Insured Person's treatment of Cancer.

This benefit is not payable for Government or Charity Hospital Confinements.

Outpatient Surgery. We will pay a benefit equal to the daily Hospital Confinement benefit for an Insured Person's outpatient surgery due to Cancer in a Hospital or ambulatory surgical center. This benefit is not payable for surgery in a Physician's office or clinic and is not available for non-melanoma skin Cancer treatment.

Physician's Attendance. We will pay the actual charges incurred up to \$35 per day for in-Hospital visits from Your Physician. This benefit does not include visits from a surgeon.

Private Duty Nursing Service. We will pay the actual charges incurred up to \$100 per day for private duty nursing care and attendance by a registered nurse, licensed practical nurse or licensed vocational nurse while an Insured Person is Confined in a Hospital for the treatment of Cancer. This benefit is payable for a Calendar Year maximum of 60 days.

Positive Diagnosis Test. We will pay the actual charges incurred up to a lifetime maximum of \$500 for the diagnostic test that leads to a positive diagnosis of Cancer within 90 days of such test for an Insured Person. This benefit is not payable for non-melanoma skin Cancer.

Prosthesis. We will pay the actual charges incurred up to \$1,000 per prosthetic device that are required to replace a body part lost due to Cancer as a direct result of surgery for Cancer treatment. This benefit has a maximum of \$2,500 per Calendar Year. This benefit does not include breast prosthesis.

Prosthesis – Breast. We will pay the actual charges incurred up to a lifetime maximum of \$2,500 per breast for an external breast prosthesis or an internal breast prosthesis due to Cancer as a direct result of surgery for Cancer treatment.

Radiation Treatment, Chemotherapy, Hormone Therapy or Immunotherapy. We will pay 50% of the actual charges incurred up to the Calendar Month maximum and lifetime maximum for the following treatment techniques provided they are used for the purpose of modification or destruction of cancerous tissue:

- Radiation Treatment;
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered intravenously or administered directly by a Physician; or
- Chemotherapy, Hormone Therapy and Immunotherapy drugs that are self-administered or taken orally, up to a maximum of \$300 for each filled prescription or supply of drugs received from a medical provider. This benefit for self-administered or oral drugs is subject to a maximum of \$1,200 per Calendar Month.

We will also pay for actual charges incurred up to a maximum of \$500 per Calendar Year for the following services related to Radiation Treatment, Chemotherapy, Hormone Therapy and Immunotherapy:

- professional fees for administering the covered drugs;
- medical supplies, equipment and solutions;
- laboratory tests;
- x-rays, port films, MRIs, scans and ultrasounds;
- clinical treatment planning, clinical treatment management, medical radiation physics, dosimetry, treatment devices and special services;
- treatment consultation, planning and office visits; or
- Supportive and Protective Care Drugs.

Skin Cancer (Non-Melanoma). We will pay the actual charges incurred up to \$100 for the removal of non-melanoma skin Cancer when the diagnosis is made by a Physician. This benefit is limited to two procedures per Calendar Year.

Surgical. For the treatment of, removal of, or destruction of Cancer, We will pay the actual charges incurred up to the amount shown on the surgery schedule for surgical procedures in or out of a Hospital for an Insured Person. For operations not listed, a comparable reasonable benefit will be paid. If two or more surgical procedures are performed at the same time through the same incision or in the same body opening, We will pay the greater of the surgical benefit amounts, but not both.

The surgery can be performed in a Hospital, an ambulatory surgical center or a Physician's office.

SURGICAL BENEFITS SCHEDULE

SKIN (MELANOMA ONLY)

- Chemosurgery (Mohs micrographic technique), including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and complete histopathologic preparation including the first routine stain (eg, hematoxylin and eosin, toluidine blue); first stage, fresh tissue technique, up to 5 specimens
- Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (e.g., hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks

INTEGUMENTARY SYSTEM REPAIR

- Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
- Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm

BREAST

- Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
- Biopsy of breast; open, incisional
- Excision of cyst, fibroadenoma, or malignant tumor aberrant breast tissue, duct lesion, nipple or areolar lesion, open, male or female, one or more lesions
- Mastectomy, partial
- Mastectomy, simple, complete
- Mastectomy, radical
- Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

MUSCULOSKELETAL SYSTEM

- Excision of torus mandibularis
- Biopsy, soft tissue of neck or thorax

RESPIRATORY SYSTEM

- Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
- Laryngectomy; total, without radical neck dissection
- Laryngectomy; total, with radical neck dissection
- Laryngoscopy, indirect; diagnostic (separate procedure)
- Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without cell washing (separate procedure)
- Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
- Thoracotomy, major; with exploration and biopsy
- Biopsy lung or mediastinum
- Removal of lung, total pneumonectomy
- Removal of lung, other than total pneumonectomy; single lobe (lobectomy)
- Removal of lung, other than total pneumonectomy; wedge resection, single or multiple

LYMPHATIC

- Splenectomy; total (separate procedure)
- Biopsy or excision of lymph node(s); open, superficial
- Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
- Biopsy or excision of lymph node(s); open, deep cervical node(s)
- Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
- Biopsy or excision of lymph node(s); open, deep axillary node(s)

MEDIASTINUM

- Mediastinoscopy, with or without biopsy

DIGESTIVE SYSTEM

- Biopsy of tongue; anterior two-thirds
- Biopsy of tongue; posterior one-third
- Biopsy of floor of mouth
- Glossectomy; hemiglossectomy
- Resection of palate or extensive resection of lesion
- Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
- Excision of submandibular (submaxillary) gland
- Excision of sublingual gland
- Esophagoscopy, rigid or flexible; with biopsy, single or multiple
- Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
- Gastrectomy, partial, distal; with gastroduodenostomy
- Gastrectomy, partial, distal; with gastrojejunostomy
- Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure)
- Enterectomy, resection of small intestine; single resection and anastomosis
- Colectomy, partial; with anastomosis
- Colectomy, partial; with skin level cecostomy or colostomy
- Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)
- Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula
- Colectomy, partial; with coloproctostomy (low pelvic anastomosis)
- Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy
- Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy
- Colectomy, total, abdominal, without proctectomy; with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy
- Colectomy, total, abdominal, with proctectomy; with ileostomy
- Colectomy, partial, with removal of terminal ileum with ileocolostomy
- Colostomy or skin level cecostomy; (separate procedure)
- Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
- Colonoscopy through stoma; with biopsy, single or multiple
- Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple, with or without biopsy
- Hepatectomy, resection of liver; partial lobectomy
- Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy
- Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreatojejunostomy

URINARY SYSTEM

- Renal biopsy; percutaneous, by trocar or needle
- Nephrectomy, including partial ureterectomy, any open approach including rib resection
- Cystectomy, partial; simple
- Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis

- Cystourethroscopy, with biopsy
- Transurethral resection of bladder neck (separate procedure)
- Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration, and/or dilation, and internal urethrotomy are included)

MALE GENITAL SYSTEM

- Biopsy of penis; (separate procedure)
- Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
- Biopsy, prostate; needle or punch, single or multiple, any approach
- Prostatectomy, perineal radical

FEMALE GENITAL SYSTEM

- Vulvectomy simple; partial
- Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
- Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s)
- Biopsy of ovary, unilateral or bilateral (separate procedure)
- Resection of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking

ENDOCRINE SYSTEM

- Biopsy thyroid, percutaneous core needle
- Thyroidectomy, total or complete

NERVOUS SYSTEM

- Craniectomy; with excision of tumor or other bone lesion of skull
- Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma

Transportation. If treatment covered by this policy for the purpose of modification or destruction of cancerous tissue prescribed by a Physician as Medically Necessary is not available locally (within 50 miles of the Insured Person's residence), We will pay the following expenses for an Insured Person requiring non-local treatment under this policy:

- the actual charges incurred up to \$500 per trip, for round trip coach fare on a Common Carrier to the nearest Hospital that provides the prescribed treatment; or
- \$.50 per mile for personal automobile expenses up to 700 miles round trip, provided that the destination is more than 50 miles one way from the city where You live. Mileage will be measured from Your residence to the facility where the treatment is administered.

This benefit is limited to two trips per calendar year.

D. LIMITATIONS

Pre-existing Conditions. We will not pay benefits for any expenses incurred concerning a Pre-existing Condition unless the expenses are for services rendered after this policy has been in force for 12 months from the Effective Date.

Waiting Period. Charges incurred during the first 30 days of coverage are not eligible for payment.

E. EXCLUSIONS

We will not pay benefits for loss caused by or resulting from:

- injuries;
- noncancerous sickness;
- any sickness, illness, bodily infirmity or incapacity that has been caused, complicated, worsened, or affected by Cancer or as a result of Cancer treatment;
- expenses that are incurred prior to the Effective Date regardless of the date of positive diagnosis; or
- care, and/or treatment received outside the United States.

F. RENEWABILITY

This policy is guaranteed renewable for life. That means as long as You pay premiums when due, We cannot cancel or change Your policy.

G. PREMIUMS

We reserve the right to change the premium rates. We can only do it after approval or acknowledgement by Your state for all policies in Your class. You will be given 31 days notice by mail prior to any premium change.

H. OPTIONAL BENEFIT RIDERS

Intensive Care Unit Benefit Rider – This rider provides a Daily Benefit Amount for each day an Insured Person is Confined in a Hospital Intensive Care Unit, not to exceed 30 days during any one period of Confinement. The Daily Benefit Amount is shown in the Rider Schedule and reduces by 50% when that Insured Person reaches age 70.

Cancer First Occurrence Benefit Rider – This rider provides a lump sum payment the first time an Insured Person is diagnosed as having Cancer. This benefit is not payable if diagnosed with Cancer within the 30-day Waiting Period.

Specified Disease Benefit Rider – This rider provides a Daily Benefit Amount for each day an Insured Person is Confined in a Hospital for treatment of a Specified Disease listed below:

Addison's Disease	Malaria	Rocky Mountain Spotted Fever
Botulism	Meningitis	Sickle Cell Anemia
Brucellosis	Multiple Sclerosis	Systemic Lupus Erythematosus
Budd-Chiari Syndrome	Muscular Dystrophy	Tay-Sachs Disease
Cystic-Fibrosis	Myasthenia Gravis	Tetanus
Diphtheria	Osteomyelitis	Toxic Shock Syndrome
Encephalitis	Polio	Trichinosis
Histoplasmosis	Q Fever	Tuberculosis
Legionnaires' Disease	Reye's Syndrome	Typhoid Fever
Lou Gehrig's Disease (ALS)	Rheumatic Fever	Whooping Cough

We will also pay the actual charges incurred up to \$500 per Calendar Year for drugs prescribed by a Physician for treatment of a Specified Disease outside a Hospital setting.